MARGIN RESERVED FOR BINDING

STAT	E OF MARYLA	ND-CERTIFICATE OF DEATH	72
1. PLACE OF DEATH		183	
County Salling	nore	Registration Dist. No.	! 4
Village or City Jurk	ex Point Ros	No. St, (If death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or tow	n where death occurredyrs	mos ds. How long in U.S. if of foreign birth? yrsr	nos ds
2. FULL NAME Sre	derick leter	Websecht (ALBRECHT)	
(a) Residence: No. 6/3	O Belace To a (Usual place of abode)	St., Ward.  If nonresident give city or town an	d State
PERSONAL AND STA	ATISTICAL PARTICULAI	S MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR R. Wale Whi	S. SINGLE, MARRIED, WII OR DIVORCED (purite M	DWED. 21. DATE OF DEATH (Month) (Day)	. 193./ (Year)
5a. It merried, widowed, or divorced HUSBAND of (or) WIFE of	7	22. I HEREBY CERTIFY, Thet I ettended	
	We 10 0	, 19, to	
6. DATE OF BIRTH (month, day, end year 7. AGE Years Me	nths Days If LE	So then to have occurred on the date steted ebovo, et 3 Pm.	; death is said
22 8	9 or	min. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:	Data of onset
8. Trede, profession, or perticular kind of work done, as SPIN SAWYER, BDDKKEEPER, etc.		nio accidental drowning	
9. Industry or business in which work wes done, as SILK MIL SAW MILL, BANK, etc	L,		
10. Date deceased lest worked et this occupetion (month end year)	11. Totel time (yeers spent in this occupetion	3 ~~	
12. BIRTHPLACE (city or town)	allim ore	Other Contributary Causes of importance:	
(State or country)	md		
13. NAME Henry	C. albrecht		
4 14. BIRTHPLACE (city or town)	Vallimore	Name of operation Dete of	
(State of country)	ma III-	Whet test confirmed diagnosis?	autopsy?
15. MAIDEN NAME Chris 16. BIRTHPLACE (city or town)	Balling Weber	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following Accident, sulcide, or homicide?	
(Stete or country)	Md	Where did Injury occur?	
17. INFORMANT Christin (Address) 6/30 B	a Filch	(Specify city or town, county and St.	nte) LACE,
18. BURIAL, CREMATION, OR REMOVAL	2 Compate aug. 12	Manner of Injury	
19. UNDERTAKER / /200 logic (Address) 740 / 300	Lassey So	24. Was diseese er injury in any wey related to occupation of deceased?	
20, FILED Gua. 10, 1931	John G. Connel	(Signod) Jacog Wallman Coron	ner M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1 19	Other contributory causes of importance:  Gastronteritis	1 year
ADDITIONAL SPACE F	on the	ER STATEMENTS BY PHYSICIAN	
	**-		

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMAN WITH UNFADING INK--THIS IS A WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

PLA	CE	OF	DEAT	Н	
county	Ва	lt	imor	е	

09173

### STATE OF MARYLAND CERTIFICATE OF DEATH

7	ı	11	IC	H	I E.,	OF	DE	A I	П
	R	-07		etio	n D	ist. N	3	2	

Village or City Mt . Wilson	Mt. Wilson Bra (No. Tuberculosis	anch, Ma.		leath occurred in spital or institugive its NAME in of street and
2FULL NAMEC	hristina Arvey	***************************************	stead num	
PERSONAL AND STATISTI	ICAL PARTICULARS	MEDICAL CERTIF	FICATE OF DE	ATH

	2FULL NAME Christina Arvey	tion, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Fem	ale White Single (Write the word)	August 21st, 19231 (Month) (Day) (Year)
6 DAT	June 19th, 1912.  (Month) (Day) (Year)	that I last saw her alive on August 21st , 1921,
7 AGE	19 yrs. 2 mos. 2 ds. or min.?	
(a) ]	UPATION  Trade, profession or cular kind of work  HOUSEWORK	Pulmonary Tuberculosis
(b) (busir	General nature of industry ness, or establishment in h employed or (employer)	(Duration) 1 yrs. 8 mos. ? ds.
(8	HPLACE (tate or country) Baltimore, Maryland	Contributory Secondary (Dylation) ye not de.
10	Robert H. Arvey	(Signed) Mt. Wilson, Md.
(0)	of father Baltimore, Md. (State or country)	*State the Discase Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Y 12	of Mother Margaret Ebert	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens- ients or Recent Residents)
13	of Mother Baltimore, Md. (State or country)	At place of death O yrs 8 mos. 8 ds. In the 19 yrs 2 mos. 2 ds.  Where was disease contracted, Unknown
1	nformant) Ars. Josephine Arvey	Former or Taylor & Maryland Aves.,
	(Address) Taylor Ave., Essex, Md.	Societ Has Comples 27, 1931
File	edlig 24 19 Dr. E. E. Nicholo Registrar	g. & Connelly Essex my
	If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

42

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus, Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation

Strtement of Cause of Death—Name, first, the DISEASE (\*\*105:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." taken. FOR VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicuemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "E::haustion," "Heart failure," Haemorraage,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendecident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. The contributory affection need valvular heart not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, r," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Form laborer, Laborerwithout more precise specification as Day who are engaged in the duties of the (b) Automobile factory. The material -Coal minc, etc. Wom-(b) ,"",Deal-Grocery

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), diseases resulting from childbirth or miscarriage as "Puerperal septicoemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of totanus) may be stated under the head of "contributory." carbolic acid-probably surcide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway troinapproved by Committee on Nomenclature American Medical Association.) Never report mere symptoms or terminal condi-Chronic etc. The valvular heart disease; contributory

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (if death occurred in .....Ward) a hospital or institu-tion, give its NAME instead of street and number.) properly of certif PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX MARRIED. WIDOWED OR DIVORCED (Write the word) (Day)... (Month) 6 DATE OF BIRTH (Day) (Year) (Month) and that death occurred on the date stated above, at ///00 IIf LESS than 7 AGE The CAUSE OF DEATH \* I day hrs. or min.? mos OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) .... which employed or (employer) Lum Contributory 9 BIRTHPLACE Secondar) (State or country) DO 10 NAME OF (Signed) FATHER 31 0 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether OF FATHER SZ (State or country) CAU ATIO Accidental, Suicidal or Homicidal. 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER inform state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place of death ... State.....yrs.....mos... OF MOTHER Where was disesse contracted. 0 0 if not at place of death?... item of s should of Every item CIANS sho statement usual residence (Address) If more branks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as Al school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the husiness or industry, and therefore an Physician, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Compositor, (b)For persons who have no occupation Automobile factory. The materia. Architect, Locomotive engineer, (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death (Recommendations on statemen approved by Committee on American Medical Association) or as probably such, if impossible to determine definitely "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid skull, and consequences (e.g., sepsis, "Heart failure," "Ilaemorrhage," Chronic The nature of the injury, etc. The contributory valvular heart Nomenclature of the

If this certificate is located over thoroughly and a'l questions answered in detail, will provent myther correspondence. All the data is essential and much be abtained before the certificate is permanently field.

No. 1 00 >

PLACE OF DEATH County County	09176 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Toplar Hanght. 1	Registration Dist. No.  Registration Dist. No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED right OR DIVORCED right (Write the word)  6 DATE OF BIRTH  MAY 34, 78, 1909	16 DATE OF DEATH CLUG. 6 , 1923/ (Month) (Day) (Year)  1 HEREBY CERTIFY, That Lattended the deceased from 1923/. to
(Month) (Day) (Year)  7 AGE    If LESS than   day hrs.   day or min.	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or Laborer (b) General nature of industry	Julianary Jubracelesis
business, or establishment in which employed or (employer)	Contributory Than In an de.
(State or country)  10 NAME OF FATHER PAPELS BALLS  11 BIRTHPLACE OF FATHER VALUE (State or country)  W	(Signed) (Duration) yrs mos 3 ds.  (Signed) (M. D. M. M. D. M. M. D. M. M. D. M.
12 MAIDEN NATE OF MOTHER CLIANOV Doyll 13 BIRTHPLACE OF MOTHER (State or Country)	10 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trunssients or Recent Residents)  At place of death yrs mos. ds.  Where was disease contracted,
(Informant) Ine Loway	Former or usual residence
(Address) Spanewstern	19 BLACE OF BURIAL OR REMOVAL  BATE OF BURIAL  LUG /8, 193/  20 UN DERTAKER  ADDRESS
Fileding 17th 1923, 91th American	r, 16 W. Saratoga St., Balta. Acquesting V. S. No. 1.  Robert E Williams

(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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> "E.haustion," "Heart failure," "Iaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all Whooping cough; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association. Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory not be

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IARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Salterine Co	46
County	Registration Dist. No.
Village or City at Land alk,	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	osds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Waller Slephen 13	atchelor
(a) Residence: No. 32/6 M + 8 Xauce	Olg. Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male While OR DIVORCED (write the word)	(Month) Que (Day) 36 1937
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY. That Lettended deceased from
(or) WIFE of	22. A HEREBY CERTIFY, That Lattended decesed from
6. DATE OF BIRTH (month, day, and year) Quy 29-1931	I tast sew him alive on areg 30 ,193/; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 5 Pm.
1 day,hrs	were as follows.
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Trusting Herly
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	6 Months
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed lest worked at this occupation (month and yeer)  11. Totel time (years) spant in this occupation occupation	
X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Out 10 DOD ALL A
1 9100 1 12 -1 0	- Callonyfile Constant
	0/5/
(State or country)	Name of operation Date of
	What test confirmed diagnosis?
	Accident, suicide, or homicide? Outsue Coate of Injury Cley (6193)
16. BIRTHPLACE (city or town) (State er country)	Where did injury occur? Curderloas Earth as
Me Blowne So Klaud	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) 32/6 M Thorre	Rubles
18. BURIAL, CREMATION, OR REMOVAL Place Principle Compate Ours 3/ 193	Manner of injury Gletersuffe
1.0 /100-1	Nature of injury.
19. UNDERTAKER AND CHILDREN OF	24. Was disease or injury in any wey related to occupation of deceased?
8/21/21 ml	If so, specify (Signed) That we day M.
20. FILED A Registrar.	Copyles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To b	e comp	lete, a	ın	occupation	return	must	state:
------	--------	---------	----	------------	--------	------	--------

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilopsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR

WRITE PL

8.

	1 <sub>PLACE</sub>	OF DE	ATH .				
c	ounty (	90		(			
Villa	ge or City	70	-pr		(No		
	2FU	LL NAME	Te	0	ge	J.	0
	PERSO	NAL AND	STATIST	ICAL	PARTIC	ULAR	s
3 SE	×	4 COLOR	OR RACE	WIE	GLE, RRIED, DOWED, DIVORCE ite the word	2	
6 DA	TE OF BIR	тн	(Month	1	(Day)	, 1	926 (Year)
7 AG	E	S yr	. /	mos	19 d	I da	SS than
(a) par (b) bus wh	Trade, proticular kin General national	ofession or d of work ature of in stablishmer ed or (emp	dustry	7		•••••	
	O NAME O	FJi	eton	./.	Bear	re	5
ARENTS	OF FATH (State of		Ju	nd	(		
PARE	OF MOTH	/	lorer	uc.	Grean	re	•
	OF MOTH		2	11	1.		

(State or Country)

(Address)

15

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Ward)

(If death occurred in a hospital or institution, give its NAME in-stead of street and number.)

MEDICAL CERTIFIC	CATE OF DEATH
	th) (Day) (Year)
17 I HEREBY CERTIFY, Th	hat I attended the deceased from
and that death occurred on the dat	ta atated abova, at 3 Pi m
Emplement	licast Chisese
(Duratio	on) 2 yrs. mos de
(Signer) (Durantic (Signer) (Address)	majul M.D
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal,	
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals, Institutions, Trans
At place of deathyrsmosds.	In the Stateyrsmosds
Where was disease contracted, if not at place of death?	
Former or usual residence	***************************************
Jok Christian Cu	Me Clug 26 193
Clarence E. art	tur Fork Wd.

If more blanks are needed, addrasa State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Never return "Laborer," "Foreman," "Manager," "Dealen at home, who are engaged in the duties of the er," etc., fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Plonter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, Civil engineer, Stationary fireman, etc. But in many definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, nature of the business or industry, and therefore an Physician, tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. Foreman, For many occupations a single word or term on Form laborer, Loborer-Coal minc, etc. (b). Cotton mill; (a) without more precise specification as Doy Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile foctory. The materia Salcsman, (6) Grocery Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencorbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, State cause for which surgical operation was underdiseases can be ascertained as the cause. American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, peritonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as or intercurrent) cough; Chronic etc. The contributory affection need volvular heart Always qualify all disease; not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County Dallin	~~~		Registration Dist. No. 42
Village or City			NoSt.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,
Length of residence in city or town where	death occurred	Vrs. mos	If death occurred in a horpital or institution, give its NAME instead of street and number)  osds. How long in U.S. If of foreign birth?
FULL NAME Kunigur			
(a) Residence: No. 111 Lee			St. Ward.
	(Usual place		If nonresident give city or town and State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
Female   4. color or race   White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (You
If married, widowed, or divorced HUSBAND of (or) WIFE of Henry W. Bec	ker		22. QUHEREBY CERTIFY, That i attended decease
ATE OF BIRTH (month, day, and year)	st. 27.	1865.	I last saw h. D. alive on Chang 3 79 3 death
GE Years Months 65 9	Days	If LESS than I day, hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profession, or particular kind of work done, as SPINNER, I SAWYER, BOOKKEEPER, etc.	Tone		Clackberal Permisone 7
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc			
Date deceased last worked at this occupation (month and year)	spar	me (years) nt in this npation	
BIRTHPLACE (city or town) (State or country)	y		Other Contributory Causes of importanca:
	Philipp	)	
14. BIRTHPLACE (city or town)	y		Name of operation Date of Date of What test confirmed diagnosis? Clar Page X Was there an au opsy?
15. MAIDEN NAME Unknov	m		23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stata or country)	ıy		Accident, suicide, or homicide?
NFORMANT Henry W. Bed (Address) III Leeds Av			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury
Place New Sathedrel Date 8/6/31 19			Nature of injury
19. UNDERTAKER FAVRY H. Wilst Q (Address) 4101 Edmondson Ave.			24. Was disease or injury in any way related to occupation of deceased?
0 / 20/	0 11.	1/	(Signed) Typer

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

011	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
□ 1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ogo
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 9 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 2 1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	RITE
1	A
S. No.	T
Þ.	

	PLACE OF DEATH	09180 STATE OF MARYLAND
(	County/ Altinian	CERTIFICATE OF DEATH
		Registration Dist. No. 42
Vill	age or City Manutaus (No. 18)	Ochul St.: Ward) (If death occurred in
		tion, give its NAME in-
	2FULL NAME Colly William 1.	Seld of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	MARRIED. WIDOWED. M. A.	16 DATE OF DEATH US 2/56, 192
BA	weller White OR DIVORCED WILLS	(Month) (Day) (Year)
6 D	ATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
	// HAN HU, 1880	13/ ky
7 A	(Month) (Day) (Year)	that I last saw he alive on 1984,
/ ^	If LESS than	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
	T 9 yrsmosds. ormin.?	112
8 00	CCUPATION ) Trade, profession or	Meroma of plerus
pa	rticular kind of work	and plant
bu	) General nature of industry siness, or establishment in	(Puretion) yre mos de.
_	nich employed or (employer)	Contributory Manie
9 81	RTHPLACE (State of country)	Secondary
	10 NAME OF	(Duretion) yrs. mos. de,
	FATHER HANGELY CECLINA	(Signed) M. D.
(1)	OF FATHER	*State the Disease Causing Death, or, in deaths from
FNT	(State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER CAUSE OF GUILLING	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER	At place In the State yrs mos ds. State yrs ds.
	(State or Country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
	(Informant) My . Vell N	usual residence
	(Address) / Second an	Western Genetery ug 24, 19 3,
15	realettime ma	ZO UN DERTAKER ADDRESS
1	Filed 1192 The frut Registrate	XVI. Mahyert (850 Hollander St
-	If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever. (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> carbolic acid—probably wide. The nature of the injury, as fracture of skull and consequences (e. g., sepsis, tetanus) may be stated indevide head of "contributory." (Recommendations on Catement of cause of death stated unless important. Example: Measles (disease approved by Committee on accident; Revolver would of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medica Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Never report mere symptoms or terminal condi-Association.) Chronic valvular heart disease; etc. The Nomenclature of the contributory

If this certificate is booked wer thoroughly and all questions answered in detail, it will present further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

WRITE PL

PLACE OF DEATH County Balts	09181 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City Cessel (No. Gasle  2FULL NAME adam Ben	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	I The state of the
PERSONAL AND STATISTICAL PARTICULARS  3 SEX   4 COLOR OR RACE   5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (1923 / (Year) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 LHEREBY CERTIFY, That I attended the deceased from
7 AGE   IfLESS than	and that death occurred on the date stated above, at 10. 4m.
78 yrs. 4 mos. 4 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Malling
9 BIRTHPLACE (State or country)  Salts or country)  Salts or country)  Salts or country)	Contributory Cluration)  Contributory  Secondary  Contributory  Secondary  Cluration)  Contributory
10 NAME OF FATHER Fred Benhoff	(Signed) M. D.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Unknown  13 BIRTHPLACE OF MOTHER (State or Country)	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) mary Benhoff (Address) Essey, Ind.	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Oak Lawn  Gug. 15, 19 3
15 Filed aug 15 1983/ John J. Connelly Register	John G. Connelly address
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronicetc. The valvular heart disease; contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

CORD. Every item of infor-B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

V.S. No. 1

state JPA.	1. PLACE OF DEATH	CERTIFICATE OF DEATH 09182		
5	/a TD=3.4 a	Decided to Diet No. 44		
sh		No. Bethlehem Steel Co. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)		
AN	V			
PHYSICIANS oct statement	(a) Residence: No. 915 S. Bouldin	St., 26 Ward. Balto. Md. If nouresident give city or town and State		
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
LY.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Married	21. DATE OF DEATH  (Month) (Day) (Year)		
C T	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from		
ACT assifted	(or) WIFE of Mary M. Blum			
stated EX properly cla	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days II LESS than I day,	to have occurred on the date stated above, at 2 30 Pm. (death is said to have occurred on the date stated above, at 2 30 Pm.)  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
AGE should be so that it may be retions on back of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Other Contributory Canses of importance:		
sup in te	14. BIRTHPLACE (city or town) German Poland (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au opsy?		
efull in pl	15. MAIDEN NAME Burkhardt.	23. If death was due to external causes (VIOLENCE) fill in also the following:		
be carefully EATH in pla important.	15. MAIDEN NAME Burkhardt.  16. BIRTHPLACE (city or town)	Accident, swielde, or homicide?		
hould OF D	17. INFORMANT Mary M. Blum (Wife) (Address) OIS S. Bouldin St.  18. BURIAL, CREMATION, OR REMOVAL PlacSacred Heart Cempate Aug. 4th 19.31	Specify city or town, county and State) Specify whether injury occupred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury		
mation s CAUSE TION is	19. UNDERTAKER Lilly & Zeiler Inc.  (Addirss) 403 S. Worse St.  20. FILED TO Aug 19 20 / 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	24. Was disease or injury in any way related to occupation of deceased?  H. so, specify  (Signed)  (Address)  (Address)  (Address)		
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	INED	Example II	
The principal cause of death and related car of importance were as follows:	1Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	TI V 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other-contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foraign birth?\_\_\_\_\_\_yrs.\_\_\_\_mos.\_ Length of residence in city or town where death occurred ORD If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Day) (Month (Year) 5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of certificate, 6. DATE OF BIRTH (month, day, and year) 7. AGE Days Months If LESS than 1 day, ..... hrs. 8. Trada, profassion, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Totel time (yaars) this occupetion (month and spant in this that occupation instructions 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation (State or country) should be carefully What test confirmed diagnosis?. 70 MOTHER 15. MAIDEN NAME ( important 23. If death wes due to external causes (VIOL ENCE) fill In elso the following: Accidant, suicide, or homicida?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_ 16. BIRTHPLACE (city or town DEATH (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. very 17. INFORMANT (Addrass) OF Mannar of injury CAUSE mation Nature of injury 24. Was disease (Addrass) If so, specify Registrar. If more blanks are needed, dddress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. & No. 1.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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		<b>.</b>	
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Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME is -stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE SSINGL & SEX 16 DATE OF DEATH MARRIED WIDOWED (Month) 6 DATE OF BIRTH That Lattended the deceased from (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at & I day hrs. The CAUSE OF DEATH \* was as follows: or min.? (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) RENT \*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal. 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death \_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. (State or Country) Where was disease contracted, if not at place of dea.h?.. Former or usual residence 15 Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material (b) Grocery,

spinal meningitis"); Diphlheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease; of the

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

### HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17

### 1-PLACE OF DEATH

6214 Frederick Read

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE No.....

(Usual place of abode)

Length of residence in city or town where death occurred

ST., .....WARD ...

(If non-resident give city or town and State)

How long in U. S., if of foreign birth?

yrs.

19

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE 5 Single, Married, Widowed,

or Divorced. (write the word)

Aug 18 1931

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Still-bern

Undetermined

properly

that

NFADING INI supplied. AGI n terms, so that ee instructions

carefully

d

OF DEATH

mation CAUSE TION

Months

If LESS than Davs 1 day .....hrs.

or min.

### 8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work...

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

6214 Frederick Road.

9 BIRTHPLACE (city or town)... (State or country)

10 NAME OF FATHER Edwin W. BELLY Briel

11 BIRTHPLACE OBEATHER (citypor Mein)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or Men) (State or country)

Derethy Informant....

6216 Frederick Read (Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

CERTIFY, That I attended deceased from

Lugust 18

and that death occurred, on the date stated above, at ... 5 .. 30 P m.

The CAUSE OF DEATH\* was as follows:

Death of Foetus in utere due to disturbed matabelism of feetus as a result of a long Automobile trip of mother to Canada

CONTRIBUTORY (Secondary) ......(duration) yrs. mos.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of ....

Was there an autopsy?.....

What test confirmed diagnosis?

Address) 3214 Piedment Ave.

\*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Asso.]

or industry, and therefore an additional line is profreman, etc. But in many cases, especially in indusor term on the first line will be sufficient, e. g., spective of age. For many occupations a single word question applies to each healthfulness of various pursuits can be known. The occupation is very important, so that the relative Housemaid, etc. If the occupation has been changed salary), may be entered as Housewife, Housework "Laborer," "Foreman," "Manager," "Dealer," Automobile factory. The material worked on may mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) when needed. As examples: (a) Spinner, (b) Cotton vided for the latter statement; it should be used only kind of work and also (b) the nature of the business trial employments, it is necessary to know (a) the tect, Locomotive engineer, Civil engineer, Stationary Farmer or Planter, Physician, Compositor, state occupation at beginning of illness. If retired report specifically the occupations of persons engaged or At home, and children, not gainfully employed, as home, who are engaged in the duties of the household without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at form part of the second statement. occupation whatever, write None. Farmer (retired, 6 yrs.). For persons who have no or given up on account of the DISEASE CAUSING DEATH, At school or At home. Care should be taken to only (not paid Housekeepers who receive a definite from business, Statement of Occupation.domestic service for wages, as Servant, Cook, that fact may be indicated thus: and every -Precise statement of Never return person, Archi-

> stated unless important. Example: Measles (disease determine definitely. Examples: Accidental drown-HOMICIDAL, or as probably such, if impossible to diseases resulting from childbirth or miscarriage, as can be ascertained as the cause. Always qualify all "Uremia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Hemor vulsions," "Debility" ("Congenital," "Senile," etc.), symptomatic). "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping Sough; Chronic valvular heart disease; the American Medical Association.) death approved by Committee on Nomenclature of fracture of skull, and consequences (e. wound of head-homicide; Poisoned by carbolic acid ing; Struck by railway train-accident; Revolver INJURY and qualify as ACCIDENTAL, SUICIDAL, "PUERPERAL septicemia," "PUERPERAL pcritonitis;" tetanus) may be stated under the head of "Contribu-AUG 22 ILO ELT probably State cause for which surgical operation was (Recommendations on statement of cause of suicide. FOR VIOLENT DEATHS State MEANS OF malignant neoplasms); The nature of the injury, as

Mother and husband took an Auto-Additional space for further STATEMENTS

BY PHYSICIAN.

danger to Foctos that was liable to follow such a long ride

C. E. Clenkows

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grovery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Nervant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Manager," 'Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to, report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Housemaid, etc. If the occupation has been changed For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the passes causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbraspinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); phood fever (never report "Typhoid Pheumonia"); and preumonia. Bronchopneumonia ("Pneumonia.")

"(Exhaustion," "Heart Industry," "Old Age," "Shock," "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinuma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonities," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); telunus) may be stated under the head of "contributory. as fracture of skull, and consequences (e. g., &c) NOS, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wou d of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death .... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on Nomenclature of the etc. The contributory valvular heart disease; Meastes;

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A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CORD. Every item of infor-

IARGIN RESERVED FOR BINDING

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH
1	. PLACE OF DEA				
County Ballinione					Registration Dist. No. 33
	Village or City	Park	low:		NoSt.,Ward
1	Length of rasidance in c	ity or town where de	ath occurrad		death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of loreign birth?
/2	. FULL NAME	a .	011	13 10	7 ,
_	(a) Residence: No.		unic.	· · · · · · · · · · · · · · · · · · ·	St., Ward.
	(a) Residence. No.		' (Usual place	of abode)	If nonresident give city or town and State
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH
3.5	emale 4. cold	while		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Day) (Year)
ja.	il married, widowad, or div HUSBAND ol (or) WIFE of	orced			22. HEREBY CERTIFY, That I attended deceased from
5. I	DATE OF BIRTH (month, da	y, and year) 2	me - 2	7, 1931.	I last saw h w alive on and 16 - 193/ death is said
. 1	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above at 6 30 a.m.
		1	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
2	8. Trade, prolassion, or p kind of work dona SAWYER, BOOKKE	, as SPINNER, EPER, etc	m		Trumped Value failed A
4	9. Industry or business i work was done, as	SILK MILL.	m	_	
2	SAW MILL, BANK, 10. Date deceased lest we this occupation (mo year)	rked at	spei	ime (yeers) nt in this —	elm.
12.	BIRTHPLACE (city or town)	ma	1	l·	Other Cautributory Causes of importanca:
2	(State or country)  13. NAME Lighter	. 0 Bu	u	1	Ordere of Lungs,
	14. BIRTHPLACE (city or t	own) Me	anglin	d'	Name of operation
2	(State or country)	1 0	0+'100	1	What test confirmed diagnosis? Was there an autopsy?
MOTHE	15. MAIDEN NAME	ues 2-	Just	w of	23. If death was due to external causes (VIOLENCE) fill in also the following:
O E	16. BIRTHPLACE (city or t (State or country)	own)	lange	and	Accident, suicida, or homicide?
17.	INFORMANT 24 pt	on O	Bul	l.,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.		REMOVAL	16	10	Mennar ol Injury
	Place Seeple	prille 1	sa un	9 17 1921	Nature of injury
19.	UNDERTAKER JAG	rteuster	4 Thou	ceryake	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED aug 18	193! 10/1	estes 2	Pulle.	(Signed) 9 Lyayle M.D.
	0			Registrar.	(Address) The threaten of

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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La companya and a principal and a part of the same and th	. V. antoning of		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR	DING INK-THIS IS A	carefully supplied. ACE TH in plain terms so that nportant. See instruction	C	occup a) Tra articul b) Gen usinea which e
MARGI	WRITE PL. NLY, TH UNFADING INK-THIS IS A	N. BEvery Item of information should be carefully supplied. ACE CIANS should state CAUSE OF DEATH in plain terms so that statement of OCCUPATION is very important. See instruction.	PARENTS	10 N. FA  11 BII OFF  ()  12 M OFF  13 BII OFF  ()  ()  THE A
V. S. No. 1	WRIT	N. BEvery ite CIANS s statemer	15	(Info

County Baltime	(19188 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 37
Village or City Lexas (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Moth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from  193. o any 3 1 , 183 1, that I last have have alive on any 30 , 1931.
7 AGE  OCCUPATION (a) Trade, profession or  (Month) (Day) (Year)  If LESS than I day hrs. or min.?	and that death occurred on the date stated bove, at \$ 5 c.m. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Grimory: epitholioma (Diffation) p. vis. mos de.  Contributory Secondary
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	(Signed) (Duration) yrs. mos. ds.  (Signed) M. D.  Attate the Disease Causing Death, br, in leaths from Violent Causes, state (1) Means of Thirty and (2) Whether
(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  14 MAIDEN NAME OF MOTHER  (State or country)	Violett Causes, state (1) Means of Isjury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs mos ds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jyas Ma  15 Filed May 3   193   R Register	Olms Home Fred aug 1, 1931. 20 UNDERTAKER SUMM ADDRESS ADDRESS ADDRESS ADDRESS
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully omlaborer, tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in ....Ward) a hospital or institution, give its NAME ir stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED 90 ould be may be n back WIDOWED BINDING OR DIVORCE (Write the word i HEREBY CERTIFY. That i attended the decensed from 6 DATE OF BIRTH CO rms so that that I lost saw (Month) (Day) (Year) If LESS than and that death occurred on the date stated above, at 7 AGE l day hrs. The CAUSE OF DEATH \* was as follows: RESERVED min.? term OCCUPATION 99 (a) Trade, profession or CO particular kind of work years 0 (b) General nature of industry 0 business, or establishment in (Duration) UNFADING 2 which employed or (employer) TH MARGIN 9 BIRTHPLACE Secondary (State or country BB. (Duration) TA 10 NAME OF 3 L FATHER 20 (Address) 11 BIRTHPLACE 00 141 Disease Causing Death, or, in deaths from OF FATHER state (1) Means of Injury and (2) Whether Violent Causes, 20 (State or country Accidental, Suicidal or Homicidal. 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER nform state CCU2 ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State ... yrs......mos... of death item of ... S should (State or Country Where was disesse contracted, if not at place of dea.h?.. 14 THE ABOVE IS TRUE Every item CIANS sho statement usual residence (Informant) DATE OF BURIA (Address 20 UNDERT If more blanks are needed, address State Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Kieffer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condi-Whooping cough; Chronic Chronic interstillal nephritis, inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Method Association.) telanus) may be stated under the head of "contributory." aeeident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Aecidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Association.) valvular heart disease etc. The contributory

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changing duracion

LETTER filed Sep 17 1931 under illness.-Buresu V. S.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME in-stead of street and MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Ceal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a " etc., without more precise specification as Day report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, As examples: (a (4) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Fyidemi: cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by Letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, unqualified, is indefinite; Tuberculosis of lungs, men-inges, peritonacum, etc., Careinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondar Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of "Attophy" "Collapse, Never report mere symptoms or terminal condi death), 29 ds.; Bronchopneumonia (secondary), name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection Chronic valvular heart disease; ," etc., when a definite disease " "Coma," "Convulsions, etc. The contributory need Measles, not be of the death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V.S. No. B

	Registratio	on Dist. No S	2.28
MD.No.		SI	.,Ward
If death occurred in a horpital or incos. / 1 ds. How long in U.S.			
	II of-toreign-outili?	yrs	mosos.
amp Extar	ii.	1	
Ward.	If nonvarid	ent give city or tow	- C
MEDICAL	CERTIFICA		
21. DATE OF DEATH	1 /		-
augi	(Month)	(Day)	, 193 / (Year)
22. I HEREE	BYCERTI	FY, Thet I atta	anded daceased from
cugust 4	, 19_3/_, to	august	19.3/
I tast sew hetiva on	curge	ent 15 19	34; death is said
to have occurred on the data s	tated ebova, at 10	:50 Cm.	
The PRINCIPAL CAUSE OF D			
ware es follows:			Date of onset
Gulm	Jh		Jeb, 1431
Othar Contributory Causes of i	mportance:		
Nama of oparation		Date	e of
What tast confirmed diegnosis	}	Was the	ra an au opsy?
23. If daeth was due to external	causes (VtDL ENCE	fill In also the fol	lowing:
Accident, suicide, or homicide?		Data of Injury	, 19
Where did Injury occur?	/S'\(\frac{1}{2}\)		36
Spacify whether injury occurre	d in INDUSTRY, In	or town, county ar HOME, or In PUBL	IC PLACE.
			• • • • • • • • • • • • • • • • • •
Manner of injury			
- Nature of injury			
24. Was disease or Injury In en	y, way releted to occ	augation of deceese	d?
If so, spacify	111	1.1	-1
(Signad)	Ull	udge.	M. D.
(Address) End	owood Sa	in /Tows	on Md.

Registrar.

Bacon

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		Plan Men of the grading the second of		
RECEIVED ADDIŢIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN		
BUREAU V. 8.				

M

PLACE OF DEATH County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City tourrille (No. Spring Gr. 2FULL NAME William Ellswo	tion give its NAME is
PERSONAL AND STATISTICAL PARTICULARS	
	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH  8 (Month) 9 (Day) 1981 (Year)
6 DATE OF BIRTH  Sully 19th, 1861  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 17 193/. to Outy 9 1, 193/.  that I lest saw himselive on Outy 9 1, 193/, 193/
7 AGE  70 yrs. 0 mos. 20 ds. or min	s. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Irade, profession or particular kind of work (b) General nature of industry	Eukocardilio
business, or establishment in which employed or (employer)	Contributory Souile Psychosis
9 BIRTHPLACE (State or country) Baltinione. Hed	Secondary (Daragon) 5 mos de
10 NAME OF FATHER William H Clarke	(Signed) John J. Julie M. D. A. D. John State Lasfe.
OF FATHER Z (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Careline Ecknesee  13 BIRTHPLACE	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns ients or Recent Residents)
OF MOTHER (State or Country) Maryland	At place of death
(Informant) (Informant)	Former or usual residence Towson, R.F. D #6-, Maryland
(Address)	Maugh Chupel State of Burial
Filed J 195 Registras	TRaLassulmen 7401 Bet
If more b.anks are needed addres Late Negist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.

If this certified is looked to horoughly and all questions answered in detail will reventifulther correspondence. All the data is essential and mess be abained before the certificate is permanently filed by

0919 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Baltimore Registration Dist. No. Village or City Overlea (No. 6404 Beech Ave. Ward) 2FULL NAME SOPHIA PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED. Married 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH BINDING WIDOWED. Female August White OR DIVORCED (Writs the word) I HEREBY CERTIFY. That I attended the decessed from 6 DATE OF BIRTH June 16th 1866 3 (Month) (Day) (Year) 0 and that death occurred on the date stated above, at ... 7 AGE IIILESS than I day hrs. B OCCUPATION (a) Trade, profession or At Home particular kind of work plai (b) General nature of industry business, or establishment in C or which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Maryland (Stats or country) DO 10 NAME OF Christian Gerboth 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causis, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. Germany (Stats or country) 12 MAIDEN NAME Christine Krumm 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER Germany (State or country) 00 Where was disease contracted, if not at place of death?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or (Husband)res.dence (Informant)Mr.Jefferson D.Coburn 19 PLACE OF BURIAL OR REMOVAL (Address) 6404 Beech Ave. Overlea. Baltimore Cemetery 20 UNDERTAKER 15

DATE OF BURIAL

(If death occurred in a hospital or institution, give its NAME in-steed of streat and

If more blanks are needed, address State Registrar, 16 W/Saratoga St., Balto., Requesting V

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Groccry; (a) Foreman, (b) Automobile foctory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. giged in domestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (o) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil ongineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day Compositor, For persons who have no occupation Architect, -Coal minc, etc. Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causition), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia. Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUST cough; Chronic etc. valvular Nomenclature of the The contributory heart disease;

If this certificate is looked over throughly and all questions answered in detail, it will provent further correspondence. A I the data is examined and must be obtained before the cartificate is permarkelly filed.



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	2.5	N. B Every item of Information si
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V. S. No. 1	(	THE THE
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PLACE OF DEATH	09194 STATE OF MARYLAND
County Baltunore	CERTIFICATE OF DEATH
OF '84 -12 C1	Registration Dist. No.
mage of city	wilson are, St.: Ward) (If death occurred a hospital or Institution, give its NAME is
2FULL NAME Serbert Coding	stead of street as number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Wildowed, Wildowed, Wildowed, Wildowed, Wildowed, Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased fro
april 18 , 1897.	June 24 1931. 10 august 13-, 1931
(Month) (Day) (Year)	that I last saw h the alive on august 10-, 192/
AGE   If LESS than	and that death occurred on the date stated above, at 8.00 a.r.
34 yrs. 3 mos. 26 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Q 1	Caralysis agitans
particular kind of work	
(b) General nature of industry business, or establishment in R. B. Huges Coal C. which employed or (employer)	(Duration) 4 yrs mos
BIRTHPLACE (State or country) friendaville Ond.	Contributory Secondary  (Duration) yrs mos
10 NAME OF Siah Coderigton	(Signed) Cluster Reland, M.
11 BIRTHPLACE	8-13- 1981 (Address) 2532 Edmanden C
(State or country) West Friendship , and.	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother hury Sibbs	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)
13 BIRTHPLACE frendeville and.	At place of death yrs mos 20 ds. In the flyrs mos
(State or Country).  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, of mustantle and it not at place of death?
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence Amendmille and
(Informant) Verbest Wanglow	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 717 Elmaden que.	Drienels ville Md Clay 15,00
Filed luy 15 1931 Mus Jeannett Station	20 UNDERTAKER APDRESS Themedouble
	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEA. I CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosfinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease. American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary Whooping cough; Chronic use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not bp " "Coma," "Convulsions, etc. valvular heart disease; The contributory Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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277	bould be carefully supplied. ACE should be stated EXACTLY, PHYSI-	lassified	very important. See instructions on back of certificate.
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200	ed bluc	F DEA	very im

<sup>1</sup> PLACE OF DEATH  County Baltimore		09195	STATE OF I	OF DEATH
Village or City Mt. Wilson,				
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
Female White	MARRIED, Single WIDOWED. OR DIVORCED (Write the word)			6th , 1931 a. (Year)
G DATE OF BIRTH  June  (Month)	10th , f910. (Day) (Year)	July 20th,	CERTIFY, That I att	ended the decoused from St. 6th, 1931 t. 6th, 1931 above, at 1 . 44 Pam
21 yrs. 1 m  a occupation (a) Trade, profession or particular kind of work Fact (b) General nature of industry business, or establishment in which employed or (employer)	ory Hand	Chronic Va	lvular Heart	Disease
9 BIRTHPLACE (State or country) Baltimo	re, Maryland.	Secondary (Signed)	John ation)	Swill M. D
OF FATHER (State or country)  12 MAIDEN NAME	nd.		Address)	
of Mother Theresa	McAvoy		SIDENCE (For Hospi	tals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or country)  I rela:	nd	At place of death QyrsQp	nos. 1.7. ds. In the	e 21 yrs 1 moa 27 de
(Informant) Jours	of My Knowledge Kchulsholy		Mura St., B	alto., Md.

20 UNDERTAKER
Pita Wallelv If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

ADDRESS

Mt.

(Address)

15

Filed

N. B.

Wilson,

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

"work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housevije, House-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," etc., without more process. Taborer, Eaborer, Laborer, Coal mine, etc. Wom-laborer, Farm laborer, Laborer on the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil agineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, Physician, Compositor, Architect, Locomotive engineer, For many occupations a For persons who have no occupation Stationary firemon, etc. But in many single word or term on

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," Liaemorrnage, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly Whooping cough; Chronic Chronic interstitial nephritis, (secondary "Atrophy," "Collapse," "Come," "Convulsions, Never report mere symptoms or terminal condicough; of cause of deat
> of cause of deat
> Nomenclature of the
> locky over thoroughly and all questions
> with revent, there correspondence. All the
> tial and trust he brained before the certificate is or intercurrent) Example: Measles (disease affection need not be valvular heart etc. The contributory Measles; disease;

data is essential answered in detail, permanently file If this certificate

PLACE OF DEATH STATE OF MARYLAND County CalterrorE CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in - stead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH WIDOWED. may b OR DIVORCED Write the word) (Day) HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) IlfLESS than 7 AGE and that death occurred on the date stated above, at. I day hrs. The CAUSE OF DEATH \* was as follows: B OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in UNFADING which employed or (employer) BIRTHPLACE Secondary (State or country) ID NAME OF O 11 BIRTHPLACE STN OF FATHER \*State the Discase Causing Death, or, In deaths from CAUS Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME D: 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns-4 90 ients or Recent Residents) 13 BIRTHPLACE In the State Toyre. At place OF MOTHER WO of death (State or Country) 7 Where was disease contracted it not at place of dea h?.... of 14 THE ABOVE IS TRUE TO THE BEST shot ent o Former or (1) CIANS stateme OR REMOVAL Filed 16 W Saratoga St., Balto., Requesting V. S. I.o. 1.

BINDING

MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condieausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. approved by Committee on Nomenclature of the (Recommendations, on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases ean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from ehildbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

American Medical Association.)

If this certificat it your thoroughly and all questions answered in detail it will prevent further correspondence. All the data is essential the must be obtained before the certificate is permanently field.

PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. JARGIN RESERVED FOR BINDING mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Registration Dist. No.
Village or City Sparrows Point	
Times of Oily	NDSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	s ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mary G. Cowan	
(a) Residence: No. 915 E . St . (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DAYORCED (print the word)	21. DATE OF DEATH Que (Month) (Day) (Per)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Late Andrew Cowan	22. I HEREBY CERTIFY That I attended decasas from
6. DATE OF BIRTH (month, day, and year) May 1, 1859	I lasy saw help alive on any 6 . 1, 1931; death is seld
7. AGE Years Months Deys If LESS than	to have occurred on the date stated shows at \$# 43.00
72 3 1 day, hrs.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Maria storios delesono 1924
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	
work was dona, as SILK MILL,	
TO. Date dacaased last worked at this occupation (month and spant in this year)	
12. BIRTHPLACE (city or town)	Dthar Centributory Causes of Importance:
(Stata or country)	Whrom Myocardles
E 13. NAME John C. Hubert	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Margaret Schultz	23. If daath wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME MARGARET Schultz  16. BIRTHPLACE (city or town)  (Steta or country)  Pa.	Accident, suicide, or homicide?
17. INFORMANT Mrs. Mary Cowan Hnnis (Addrass) 915 E. St. Sparrows Point, N	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Placa Loudon Park Date 8/10/31 19	Manner of injury
19. UNDERTAKER HAVING At. Witz ICC (Address) 4101 Edmondson, Ave.	24. Wes disease or Injury in any way ralated to occupation of dacaasad? No
20. FILE lly 9 To , 193/ 4/ My Comics in (2) Registrar.	(Signad) aron to Harber M. D (Ardress) Jarrows Point My
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I		Example II	
The principal cause of death of importance were as follow Arteriosclerosis	and related causes vs:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	The second second	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1	July 5, 1927	Peritonitis	3 days ago
				3 49
		8		
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis .	1 year
			,	

ADDITIONAL SPACE FOR FURTHER STATEM	YYSICIAN

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PHYSI-PLACE OF DEATH EXACTLY, P certificate properly stated PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE MARRIED, pe pe BINDING WIDOWED OR DIVORCED should may (Write the word) 6 DATE OF BIRTH that ee Instructions CE (Day) (Month) 7 AGE

8 OCCUPATION

9 BIRTHPLACE (State or country

10 NAME OF

BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE

OF MOTHER

(Informant

Filed 0

(State or Country)

(Address

(a) Trade, profession or

particular kind of work

(b) General nature of industry susiness, or establishment in

which employed or (employer)

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	Ward)	(If death a hospital	or in	stitu
vrej		tion, give i stead of number.)		

_	
0	MEDICAL CERTIFICATE OF DEATH
,	16 DATE OF DEATH MISS.
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased fro
	192 to 192 192
	that I last saw halive on 192
	and that death occurred on the tate stated above, at
	foing angel
	Drath dir for
-	Devision Ja Marion mos
	Contributory robbely pulmonoy Secondary
	(Duration) yrs. mos,
	(Signed) OGY 7. Janoen M.
	Aug 8 192 (Address) Will Cycles
	Visitate the Disease Causing Death, or, in deaths from Visitant Causes, state (1) Means of Injury and (2) Whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the At place .yrs.....ds. State yra mos... of death ... Where was disease contracted,

if not at place of death?.. Former or

19 PLACE OF BURIAL OR REMOVAL

1	www	704
20	DUDOR A	hing of me

DATE OF BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Year) If LESS than

I day hrs.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. busines., that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, ployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. tions, su has "Asthenia," "Anaemia" (morely symptomatic), "Atrophy" "Collapse," "Coma," "Convulsions," approved by Committee on Nomenclature Idanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably sucide. Then ture of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercun be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc., "Dropsy," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar, or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Meosles, inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping cough; Chronic Chronic interstitiol nephritis, Never report mere symptoms or terminal condi-'name origin; "Cancer" is less definite; avoid Chronic volvular heart disease, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

MARGIN RESERVED FOR BINDING

V. S. No. 1

		CERTIFICATE OF DEATH 09199
	1. PLACE OF DEATH	
	County Baltimore	Registration Dist. No. 90
	Village or CityEUDOWOOD SANATORIUM, TOWSON,	MD,No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or fown where death occurredyrsmos	ds. How long In U.S. If of foraign birth? yrs. mos. ds.
	2. FULL NAME Dabert Vosep	imminss.
	(a) Residence: No. 2006 Secil AVE	St., Ward.
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Cluquet 24 1931
5a	a. If married, widowed, or divorced	/(Month) (Day) (Year)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
	<i>a</i> = 1000	I last saw h ??? alive on Carl Sy 1931 death is said
	AGE Yaers   Months   Deys   1 LESS than	I last saw h. 7. 2. alive on
	3 ~ 0 70 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca
-	8. Trade, profassion, or particular	wera as follows: Bilateral Pulmonary It Date of one of
NON	SAWTER, BUURNEEPER, CIC.	
PA	9. Industry or businass in which work was dona, as SILK MILL, CC CC SAW MILL, BANK, etc.	
CC	10 Date decased last worked at 11 Total time (years)	
)	this occupation (month and 1951 spent in this year) aloud 1951 occupation 7	
1:	2. BIRTHPLACE (city or town) Salfanott	Other Contributory Causes of Imporfanca:
	(State or country)	
HER	13. NAME Robert J. Suramings	
FATHER	14. BIRTHPLACE (city or lown) Seller or	Name of operation Date of
-	(Sieta of Country)	What fast confirmed diagnosis? Y fall. Was there an au opsy?
MOTHER	15. MAIDEN NAME I atherus Vaol	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
MO	16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Deta of Injury
Н	Ospital Records Personal History	Where did injury occur?
1	(Addres DOWOOD SANATORIUM, TOWSON, MD.	Specify whether injury occurred in INDUSTRI, in nome, or in Public Place.
11	B. BURIAL CREMATION, OR REMOVAL	Manner of Injury
	Place tong grelle Date 19/3/	Nature of injury
19	9. UNDERTAKER Gelong Duly Pully mo	24. Was disaase or injury in any way ralated to occupation of decaasad?
_	(Addrass)	If so, specify
2	0. FILE Sug 26 1, 10 1 Mal Deffer. Registrar.	(Signad) M. D. (Ardrass) Eudowood San Towson, Md.
-	If more blanks are needed, address State Registrar,	24.11 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		STATE OF STREET		

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact

	1PLACE OF DEATH	CTATE OF MADVIAND
	County Baltimore	STATE OF MARYLAND
	County Nation	CERTIFICATE OF DEATH
	/ 21 >	Registration Dist. No.
ificate.	Village or Gity White Hall, M. 2 2FULL NAME Beetha M. D.	Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
oert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ock of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIPOWED, OR DIVORCED	16 DATE OF DEATH Quy, 29, , 198/
ba	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
s on	- V - 1884	The grant 1981 to Aurig 24, 1931
tlon	(Month) (Day) (Year)	that I last law har live on thing 28, 1903
ruc	7 AGE    If LESS than	and that death occurred on the date states above, at
ıst	47 yrs	The CAUSE OF DEATH * was as follows:
-	8 OCCUPATION .	
Se	(a) Trade, profession or particular kind of work	
it.	(b) General nature of industry business, or establishment in	
rta	business, or establishment in af Home which employed or (employer)	(Duration) yrs. mos de.
mpo	9 BIRTHPLACE (State or country) Ballimore Co. Inc.	Secondary Dulinian Julian Julian
7		(Durglion) vrs mos de.
Ve	10 NAME OF WM P. matthews	(Signed) (M) D
9	W II BIRTHPLACE	State the Disease Causing Death, or, In deaths from
õ	(State or country) Ballinge Co. Ind	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
PAT	of Mother Laney Wilson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
CC	13 BIRTHPLACE OF MOTHER	At place In the
0	(State or Country) / Sallinine (State or Country)	of deathyrsmosds. Stateyrsmosds.  Where was disease contracted,
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
lent	(Informant) Mrs Dilas Pearce	Former or usual residence
aten	(Address) White Hall. Ind	Stables Comments Gug 3/ 1931
18	15 Filed lug 30th 1981 M. Bortus ma	20 UNDERTAKER P. Markeline low what Hall. Ind
	If more branks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Every item o

statement

WRITE item

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. to know (a) the kind of work and also (b) the For many occupations a single word or term on Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease. "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Committee on Chronic valvular heart disease; Nomenclature of the The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained helore the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 3 (If death occurred im Ward) a hospital or institu-tion, give its NAME is-stead of street and alice Cecelia Davis number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. may be n back WIDOWED OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH 23 1922 instructions (Month) (Day) (Year) IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: B OCCUPATION 99 (a) Trade, profession or particular kind of work (b) General nature of industry important. business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) Very 10 NAME OF FATHER CAUSE C 11 BIRTHPLACE Causing 1)eath, or, in OF FATHER \*State the I is ase HZ Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transshould state ients or Recent Residents) At place OF MOTHER (State or Country) Where was disease contracted, if not at place of dua.h? 14 THE ABOVE IS TH atement usual residence (Informant) >2 d ō 20 If more banks are needed, addre s tate Registrar, 76 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH, er," etc., William ... Laborershould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g gcd in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs): For persons who have no occupation without more precise specification as Day Stationary fireman, etc. -Coul mine, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinalfever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. "Ezhaustion," "Heart lamus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on lclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably smeide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) Chronie Example: Measles (disease affection need etc. The contributory valvular heart Nomenclature of the not be disease;

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1	STATE C	OF MARYLAND—	CERTIFICATE OF DEATH ()92	02
1 3	L PLACE OF DEATH		23)	110
	County 15 allen	roll	Registration Dist. No. 23	42
/	Village or City Lan	sdowne	No. St., i death occurred in a horpital or institution, give its NAME instead of street and nu	Ward
/	Length of residence in city or town where	-7	ds. How long in U. S. if of foreign birth? yrs. mos	
:	2. FULL NAME ROSE	Desgun	n.	
	(a) Residence: No. Riely	re Radave	St., Ward.	
coldenia	BERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and S  MEDICAL CERTIFICATE OF DEATH	State
3	PERSONAL AND STATIST  SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
7	Lemal White	OF DIVORCED (write the word)	8 22 (Month) (Day)	193/ (Yeer)
5a.	HUSBAND of the late	Oliver	22.   1 HEREBY CERTIFY, That I ettended d	eceased from
6.	DATE OF BIRTH (month, day, and year)	ch 2871 1861	2/	death is sai
-	AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 6.20m.	
	70 5	24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
-	8. Trade, profession, or particular kind of work done, as SPINNER,	Olmo	D 0	
A	9. Industry or business in which	7107C	Pulmorary rebeneulosis	192
CCU	work was done, as SILK MILL, SAW MILL, BANK, etc	••••	-	
, ,	10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
-	year)	occupation	Other Contributory Conses of importance:	
2	BIRTHPLACE (city or town)	Time en 0	2 + / 1 = 1 1 4 2	
30	13. NAME To um as	la Almun	Mule landeau desorbion	
FATHE	14. BIRTHPLACE (city or town)	- UN way	Name of operation. 26re	
4	(State or country)	many	What test confirmed diagnosis ( Is a find the state of an au	itopsy? 26
712	15. MAIDEN NAME agail	a Essepwas	Goden was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
-	(State or country)	ingry .	Where did injury occur? (Specify city or town, county and State	)
17	(Address)	schamens	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
18	BURIAL, CREMATION, OR REMOVAL	10 05 01	Manner of injury	
	Place London on	R Date Aug 25 . 1931	Nature of injury	
19	UNDERTAKER Jon C	ook .	24. Was disease or injury in any way related to occupation of deceased?	b
	(Address) /2/7/1	Paul 1	If so, specify	
20	FILED Acy 24, 1931 (4.	Hwell Wooden X	(Signed) Dangarin Meller	M. I
relation.		H2 10 Kershir	(Address) 20 18 Wilken W	

A B miller 2034 Wilking ave.

### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	٤			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ORD. Every, item of infor-PHYSICIANS should state Exact statement of GCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. IARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(19203
1	County tally myore	Registration Dist, No.
	Village or City Woodlown	No. No. No. Ward Oak (No. St., Ward death occurred in a happital or institution, give its NAME instead of street and number)
	Length of residence in city of town where death occurred	
	2. FULL NAME //ary cles	Umamore.
	(a) Residence: No. Dry franch bul (Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9	SEX 4. COLOR OB RACE 5. STEGLE, MARRIED, WIDOWED, OF DIVORCED (white the word)	21. DATE OF DEATH MIG 23 193 (Year)
	5a. If married, widoweld, or divorced HUSBAND of (or) WIFE of American Alixanore	22. I HEREBY CERTIFY, That I attended deceased from
	- Aly 18 1889	Mg. 14 ,1931 to Mg 23 ,1931
	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h aliva on (19 death is said to have occurred on the date stated above, at 3 / 2 / Angle.
	1/2 4 1 1 day	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trada, profassion, or particular kind of work done, as SPINNER To use swork SAWYER, BOOKKEEPER, etc.	(Parl)
1	SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Julyrculosis of Lungs 1927
	10. Oate deceased last worked at this occupation (month and year)	
/	12. BIRTHPLACE (city or town Daltimore Md (State or country)	Other Contributory Causes of importance:
2	13. NAME Lorge A. Gowers of  14. BIRTHPLACE (alter touch) (State or cool arry life to the lorge and longe and longe are touch as the longe are touch as the longe are touch as the longe are to the longe are touch as the longe are touch as the longe are to the lo	Name of operation Date of What test confirmed diagnosis? T=E=X Yay Was there an autopsy? The
	15. MAIDEN NAME Tatil Usche	23. If death was due to external causes (VIOLENCE) fill in also the following:
	15. MAIDEN NAME and Osche  16. BIRTHPLACE (city or lower) allume Machine	Accident, suicide, or homicide? Date of injury, 19
	Vannek A. Dingman	Whara did injury occur?  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
-	(Address) Woodlown Mac	Specify whather injury occurred in modelint, in nome, of introducto reade.
	18. BURIAL CREMATION OF REMOVAL 18 1936 and 25th 193/	Manner of injury  Nature of injury
	19. UNDERTAKER Helhory Joyhja (Address) 12/9 Hard	24. Was disease or injury in any way related to occupation of deceased?
	20. FILED Lig. 14-, 193/ Mn. / Tuf per Registrar.	(Signed) 7-3-5 A. Instander M. O. (Address)
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be seeured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal eause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory eauses of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			THE HELL	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	PLACE OF DEATH County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3
1	Village or City Jourson MNG.  2FULL NAME Levrye W. Do	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	S SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Aug. 8 , 1931 (Month) (Day) (Year)
	Dec, 26, 1854  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1931. to and 1931. that I last saw h maile on any 8 1933.
	AGE    If LESS than   day hrs. or min.?	
1	(a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in	(Durstion) yrs, mos 2 ds.
1	BIRTHPLACE (State or country Prince Frederick, Md	Contributory Mental Depression Secondary (Durstion) Ayes I mos ds.
	10 NAME OF FATHER GEORGE W. Wowell  11 BIRTHPLACE OF FATHER	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (M. D. M. D. (M. D. (M. D. (M. D. (M. D. (M. D. M. D. (M. D. (M. D. M. M. D. (M. D. (M. D. (M. D. M. D. (M. D. M. D. (M. D. M. D. M. M. D. (M. D. (M. D. M. D. M. D. M. D. M. D. M. D. M. D. (M. D. M.
	OF FATHER (State or country) Calvert loo. Md  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 MARY  15 MOTHER  16 MOTHER  17 MARY  18 MOTHER  19 MOTHER	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
1	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) M. Athur W. Rowell	Where was disesse contracted, if not at place of dea.h?  Former or usual residence
	(Address) Prince Fragleick Wed	Minde Frederick Nd. aug 10, 131
1	Filed aug 9 1924 Mr. P. Bulton Registras	Lerry W. Meausson 805 M. balvert
1	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

V. S. No. 1

### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation whatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING business, that fact may be indicated thus; Farmer freguged in domestic service for wages, as Screent, Cook ployed, as At school, or At home. Care should be taken work, or 31 Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know tion applies to e...ch and every person, irrespective of fulness of various pursuits can be known. The ques-Housemand, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Spinner, additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, etc., Foreman, engineer, Stationary freman, etc. But in many especially in industrial employments, it is neces-For many occupations a Faym laborer, (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day (b) Automobile factory. The material (4) the kind of work and also (b) the If the occupation has been changed single word or term on Grocery; DEATH,

s; inal meningitis"; Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EA. I CAUSING DEATH the primary affection with respect Strtement of Cause of Death-Name, first, the pis-Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> telumus) may be stated under the head of "contributory." approved as fracture of skull, and consequences (e.g., sepons, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) "PUERPERAL septicaennia," "PUERPERAL perilonilis," etc. "E:haustion," "Heart tailure, "Heart Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomstited unless important. Example: Measles (disease (secondary use of "Tumor" for malignant neoplasms); Mcasles; ..... (name origin; "Cancer" is less definite; avoid Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJULY Never report mere symptoms or terminal condiperitonaeum, etc., Carcinoma, Sarcoma, etc., of death), 29 ds.; Bronchopneumonia (secondary), interstitial by Committee on intercurrent) nephritis, -Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions Allthe

permanently filed.

1	PLACE OF DEATH	09205	STATE OF MARYLAND
	County Baltimores	(119)	CERTIFICATE OF DEATH
		0	Registration Dist. No. 30
Vi	llage or City Lasys (No		St: Ward) (If death occurred In a hospital or institu-
	2 FULL NAME Catherine The	orginia)	tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	AL CERTIFICATE OF DEATH
3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Single OR DIVORCED (Write the word)	16 DATE OF DEATH	Month) (Day) (Year)
6 1	DATE OF BIRTH	17 I HEREBY	CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	3-/-	192 to
_		that I last saw h	
11	If LESS than I dayhrs.	The CAUSE OF DEAT	red on the date stated above, at
	yrs. 7 mos. 6 ds. or min.?	act	jack colors
) (b	a) Trade, profession or particular kind of work b) General nature of industry pusiness, or establishment in		(Durstion) vrs. mos. de.
	which employed or (employer)	Contributory	
9 1	(State or country)	Secondary	(Duration) yrs mos ds.
	10 NAME OF FATHER What P DISSON	(Signed)	M. D.
ENTS	OF FATHER (State or country) Manuland	State the Die	(Address)  Sease Causing Death, or, in deaths from the (1) Means of Injury and (2) Whether the Homical Cause of the Cause
PAR	OF MOTHER Ethel Mair Corum	JB LENGTH OF RES	IDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsme	In the State yrs mos ds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contri if not at place of death	acted,
	(Informant) John R Dyson	Former or usual residence	
	111 150	19 PLACE OF BURIAL	OR REMOVAL DATE OF BURIAL
-	(Address) Anary of Shirt	Dysons to	mily Cera, Mughto 31
15	Filed 1925 Registrar	20 UNDERTAKER	Sono I Ellicutt City my
	If more branks are needed, address state Registrar	, 16 W. Saratoga St., B	alto., Requesting V. S. No. 1.
	1/		

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Inamorrhage," "Inamition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart etc. The contributory Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PL	ace of DEATH	ne	50		OF MARY	
	Village or	Catousoil	Ve No. U	alle (		stration Dist. No.	5)
ificate.		2FULL NAME	anis &	East	ry)	tion, gi	ital or institu- ive its NAME is - of street and
Oert	PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIF	CATE OF DEA	ТН
sack of	3 gex Lucal	4 COLORIOR RACE	5 SINGLE, MARRIED., WIDOWER, OR DIVERSE (Write the word)	16 DATE OF		My 5 (Day)	J, 198 <b>3</b> /
no su	6 DATE OF	BIRTH (Mont)	rif 19, 18, (Ye	75 As	HEREBY CERTIFY, T	hat I accorded the	
ctio	7 AGE	- Cyoner	lf LESS		ath occurred on the da	te stated shove, at	1150A
nstru		56 yrs. 3	mos. 14 ds. orn	hrs. The CAUSE	OF DEATH * was as fo		The
See	(a) Trade	e, profession or kind of work	omestic		nelastalic	Carec	noma
÷ί	(b) Gene business.	ral nature of industry or establishment in			***************************************	- 6	. *** • *******************************
E.C	1-1	ployed or (employer)	•	Contribu	tory Un P MA	ma De	read de.
lmp	9 BIRTHPL (State		reo land	Seconda	ary (Durat	ion) 5/	A.
very		10 NAME OF CALLES			(lepha)	Herbe	M. D.
8		THPLACE CATHER	minue	- My 2	(Address)	elecore	uhnd
NOI	Z (Sta	ate or country)	eryland	Violent C	the Disease Causing Causes, state (1) Mean , Suicidal or Homicidal.	Death, or, in s of Injury and	deaths from (2) Whether
PAT	M-	NOTHER Cary VI	4. Hose		OF RESIDENCE (Fo	Hospitals, Inst	itutions, Trans-
DOCO	OF N	THPLACE AOTHER ate or Country)	ru Land	At place of death	yrsds.	In the Stateyrs	ds.
of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			if not at place	sesse contracted, ce of death?	***************************************	
ent	(Inform	mant) Lassaco	Mullines				***************************************
stateme	(/	Address) ator	isville Med.	19 PLACE O	Vhus Cli	6.	OF BURIAL 4. 1931
S	Filed	8/4 192	Holle	20 UNDERT	AKER SOLL SOL	ADDA	s NPio
		If more blanks are	needed, address trate Rogi	itrar, 16 W. Sarat	oga St., Balto., Reques	ting V. S. No. 1.	y cu

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6 Grocery;

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BUR

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropay, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; Always qualify all not be

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infor-CORD. Every item of

PHYSICIANS should state stated EXACTLY, PHYSICIAMS SHOULD Stated EXACTLY, PHYSICIAMS SHOWER OF OCCUPA-UNFADING INK-THIS IS A PERMANENT IARGIN RESERVED FOR BINDING AGE should be mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

B.—WRITE PLAINLY,

ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	1. PLACE OF DEATH  County_Baltimore  Village or City_Glenarm					9:207
1/						Registration Dist. No.
1/						NoSt.,Ward
Y	l anoth of res	idanca in c	ity or town where	testh occurred		f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U. S. if of foreign birth?yrsmosds.
						syisnus.
2.			heodore			
	(a) Resider	nce: No	Windy A	(Usual place	Fergerso	If nonresident give city or town and State
	PERSON	NAL AN	ID STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
3. S	ex le		White	OR DIVORCE	RIED, WIDOWED, D (write the word) L dowed	21. DATE OF DEATH Ques 15 193
	If married, widow					(Month) (Day) (Yaer)
	HUSBAND of (or) WIFE of	Emi	ma A. Fo	nge		22. I HEREBY CERTIFY, That I attanded daceased from
	ATE OF BIRTH				1044	Hast sew has alive on the said
7. A	ATE OF BIRTH GE Ya	ars	Months	eb. 2.	1844	to hava occurred on the data stated above, at 194, m.
		87	6	13	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca
	8. Trade, profa	ssion, or p	articular	1 20	ormin.	wera es follows:
ō.	kind of SAWYER	work done, BDOKKE	AS CDIMNED	Retired		Melre (Regenerated:
OCCUPATION	9. Industry or	business in				
3	SAW MI	LL, BANK,	etc	1		
0		petion (mo	onth and	spe	ime (years) nt in this upation	
	year)			1 000	upation	Othar Contributory Causes of Importanca:
12.	State or cou		Germa	R m Tr		metaal (Georgelolin
0:	13. NAME			MIT A		Second Nel-On
FATHER		Unkn				La mari
FA	14. BIRTHPLACI	E (city or to r country)	Unkn	own		Neme of operation Data of
HER	15. MAIDEN NA		Unknown			What test confirmed diegnosis? Was there an autopsy?
1 - 1	16. BIRTHPLAC	E (alty or to				Accidant, suicide, or homicide? Date of injury 19
X		r country)	Unkno			Where did Injury occur?
17 1	NFDRMANT	Carl	H. Eng	e		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
1	(Address)					at Roma
18. 1	BURIAL, CREMA		age of the same		. 10 71	Menner of Injury
-	Placa Imm	lanue	Leemer	and Au	g.18 ,19 3]	Nature of injury
19, 1	UNDERTAKER >	Frel	wich La	spehor	Low	24. Was disaesa or injury In any way ralated to occupation of daceased?
	(Addrass)	7401	belair	Road		If so, specify
20. 1	FILED 8	15	1931 9	artut	m.D	(Signad) Valence C. Signad) M. D.
				0	Registrar.	(Addrass) 5.305 Hospina Cu

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 2 2 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis :	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact MARGIN RESERVED FOR BINDING TH UNFADING INK-THIS IS A PERMAN NLY, WRITE PL V. S. No. 1

	1PLACE OF DEATH	09208 STATE OF MARYLAND
	County Sallo.	CERTIFICATE OF DEATH
	1 01	Registration Dist. No. 38
	Village or City (No. 3)	Ward) (If death occurred in a hospital or institu-
Certificate	2FULL NAME Plana Maris	tion, give its NAME is stead of street and number.)
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  Aug / g (L- , 193/ (Month) (Day) (Year)
ns on t	September 28, 1863	17 I HEREBY CERTIFY, That I attended the deceased from 1931. to auf 18 1931.
tio	(Month) (Day) (Year)  7 AGE	that I last saw h la alive on des 18 1924,
nstruc	b 7 yrs. 10 mos. 40 ds. or min.?	and that death occurred on the date stated above, at
See	(a) Trade, profession or particular kind of work	My ocardilis,
ŧ.	(b) General nature of industry business, or establishment in	
rta	which employed or (employer)	(Duration) yrs. mos. ds.
odwi	9 BIRTHPLACE (State or country)	Contributory Carcinomia of Livery Secondary  Lankury Dyretion yes mos de
very	10 NAME OF FATHER	(Signed) Dallalaran M. D.
ග	o 11 BIRTHPLACE	aug 17 1981. (Address) 210 East Trestouts
0	OF FATHER (State or country)  12 MAIDEN NAME	U*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	of MOTHER Muse Kimball	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of death
010	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
ent	(Informant) U.L. Krikson	Former or usual residence
tatem	(Address) 2625 Ry Calson St.	19 PLACE OF WRIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL
<b>3</b> 0	Filed aug 19 1921 Mr. Butt	George L. Ishwat had truth ase
	If more blanks are needed, addres State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as Al school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, nature of the husiness or industry, and therefore an Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, " "Shock," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonitis, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

data is essential and must be obtained before the certificate is permanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

(		, PHYSI-	
MARGIN RESERVED FOR BINDING	RITE PL (LY, TH UNFADING INK-THIS IS A PERMANENT CORD	Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-s should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact nent of OCCUPATION is very important. See instructions on back of certificate.	

V. S. No. 1

CORD EXACTLY, PHYSI- ily classified. Exact	PLACE OF DEATH  County Balto. County Md.  Parlyn Av.  Village or City Stemmer's Run (No. Maryland  2FULL NAME Elizabeth Behlauer	tion, give its NAME in-
T tated Eroperly	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NE DE DE	3 SEX 4 COLOR OR RACE MARRIED,	16 DATE OF DEATH 27, 193/
ACE should that It may	Cctober 5, 1877 (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 1921, to 1921, that I last saw has alive on Court 27, 1924,
IG INK-THIS IS A efully supplied. ACE In plain terms so that tant. See instruction.		and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
TH UNFADING ation should be caref	9 BIRTHPLACE (State or country)  Austra  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME	Contributory Secondary  Duration  M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PLOILY ILY of Inform ould state of occupa	13 BIRTHPLACE OF MOTHER (State or Country) AUSTR  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place of death
WRITI BEvery Item CMNS sh statement	(Address) Laryn Ave.  15 Filedang 28 192/ J. M. Comme Ch.  Registrar	Oaklawn Cemetery  20 UNDERTAKER  Oaklawn Cometery  ADDRESS  ADDRESS
الع	If more bianks are needed, address State Registrar	16 W. Saratoga St., Balty, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremon, etc. But in many er," etc., without more precise specification as Doy loborer, Form loborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. how ehold only (not paid Housekeepers who receive a whatever, write None. For many occupations a single word or term on yrs). who are engaged in the duties of the For persons who have no occupation Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of use of "Tumor" for malignant neoplasms); diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. (secondary Chronic interstitial nephritis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJULY approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Committee on Nomenclature of the Chronic valvular heart disease Example: Measles (disease etc. The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, F CIANS should state CAUSE OF DEATH in piain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMAN WITH UNFADING INK--THIS IS A WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

~		"
(M)	si-	PLACE OF DEATH
	TX	/County Baltimor

### 00210 STATE OF MARVIAND

W. Saratoga St., Balto., Requesting V. S. No. 1.

	County	Baltimore			(3210		E OF DEATH
1							Dist. No. 22
Vi		, Mt. Wilson	(No. 711)	perculos	ranch, Md. sis Sanatori	UM.St.: Ware	
-	PERSON	NAL AND STATIST	ICAL PARTICU	LARS	MEDIC	CAL CERTIFICATE	OF DEATH
	sex Female	4 COLOR OR RACE White	SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Single			15th , 19 <b>51</b> (Day) (Year)
	DATE OF BIR	Novemb (Month		, 1878 . (Year)	17 I HEREB June 5th	Y CERTIFY, That I at 1, 19231 to Aug.	ttended the deceased from ust 15th 1931 t 15th, 1931 d above, at 4 a 50 A a m
a i	OCCUPATION	52 yrs. 9		l dayhrs	The CAUSE OF DEA	TH * was as follows: tuberculosi	
1	business, or e		and.			(Duration) Laryngeal Tu	? yr. ? mos ? de.
	10 NAME O FATHER	Bernard	Finagin		(Signed)		Swith M.D.
RENTS	(State or	NAME			Accidental, Suicidal	or Homicidal.	n, er, in deaths from Injury and (2) Whether
PA	OF MOTH  13 BIRTHPL  OF MOTH  (State or	ACE			At place of death O.yrs 2.	mos. 10ds. In the	oitals, Institutions, Trans- ne 52 yrs9mos.11ds.
14	(Informant	Nouis R.	Schuerk	oly	Former or usual residence Laur	rel Prince G	eorge Co., Md.
15	Kun	mount W 1923/ A	ilson, Mar	Pland.	20 UNDERTAKER	(Kerlietery	8-/7-, 198/
	Filed	192//	1 196/14	MANO	n/llacel A	07	1.000

If more banks are needed, address State Registrar, 16

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houselaborer, Farm laborer. Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed. us At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, etc., especially in industrial employments, it is neces-For many occupations a single word or term on yrs;. For persons who have no occupation without more precise specification as Day

Strtement of Cause of Death—Name, first, the Dis-EANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diohtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature American Medical Association.) tetanus) may be stated under the head of "contributory." stated unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonities," etc. "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Meusles; as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease "Senile," etc.), "Dropsy," failure," "Haemorrhage," valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1931

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				largaret	. FUS	2	4
	PERSOI		-	ICAL PARTI	CULA	RS	MED
	emale		r or race	5 SINGLE, MARRIED, WIDOWED. OR DIVORO (Write the W	ED	ried	16 DATE OF DEAT
6 (	DATE OF BIR	RTH	Octob	per 26t	0-000mm: P	1.894 (Year)	17 I HERE April 8t
7 /	GE				l d	ESS than	and that death oc
X	occupation a) Trade, prarticular kin b) General n	rofession on and of work	Hous	mos. 28	_ds. or	min.?	Pulmonary
X.	a) Trade, pr articular kin	rofession of mod of work nature of in establishmen yed or (emplement)	House ndustry nt in ployer)	sewife	_ds.  or_	min.?	Pulmonary  Contributory T Secondary d
X.	a) Trade, practicular kinds of the property of	rofession of of work nature of inestablishme yed or (empountry)	House	re, Md.	_ds. or_	min.}	Contributory T Secondary d
9 6	a) Trade, prarticular kinds) General nusciness, or exhibit employs IRTHPLACE (State or continuous FATHER	rofession of of work nature of i establishme yed or (empending)	House ndustry nt in ployer)	re, Md.	_ds. or_	min.}	Contributory Secondary d  (Signed)
9 6	a) Trade, prarticular kinds) General nusciness, or exhibit employs IRTHPLACE (State or continuous FATHER	rofession of of work of insture of it establishment of other country)  DF  LACE HER  or country)  N NAME	House	re, Md.		min.}	Contributory Secondary d  (Signed)

PLACE OF DEATH

STATE OF MARYLAND

MEDICAL CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Registration 1	Dist. No.	32	
.St.:Ward)	(If death a hospital tion, give stead of	its NAME	itu-

number.)

	August	23rd ,	1931
***************************************	(Month)	(Day)	(Year)
	RTIFY, That I at	tended the de	coased from
that I last saw her eli	ive on Augu	st 23rd	, 1923.1,
and that death occurred The CAUSE OF DEATH *		d abeve, at	•45 Pam.
Pulmonary Tul	berculosi	S	
. / /	o hua	the head of the he	rt.
*State the Disease Violent Causes, atate Accidental, Suicidal or H			
18 LENGTH OF RESIDE	ENCE (For Hosp		
At place 1 yrs 4mos.	15.ds. in the	ate 36 yrs. 9	.mos28ds.
Where was disease contracted if not at place of death?	Unknow Robinson	wn St.,Balt	o. Md.
19 PLACE OF BURIAL OF HOLY HOLAWAY 20 UNDERTAKER	Cerr	August 1	y 3-31
Frank V. Pipi	lone.	Bil	umorest

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary, may be entered as Housewife, House-work, or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specimeanon as Juborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ennature of the business or industry, and therefore an Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the Diseal.: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,").

A merican Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY diseases atic), "Atrophy," "Collapse," "Coma, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping ..... (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; Chronic etc. The contributory valvular heart " "Convulsions, discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

MARGIN RESERVED FOR

CORD

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PARENTS

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15 Filed

in terms so that it may be preparly classified. Exact See instructions on back of certificate. PERMAN ITH UNFADING INK-THIS IS A Every item of information should be carefully supplied. CIANS should state CAUSE CF DEATH in plain terms so statement of OCCUPATION is very important. See instru

WRITE PI

PLACE OF DEATH	
County Balleriore	
llage or City Cellee (No.	
2FULL NAME Sleelly Sen	e
PERSONAL AND STATISTICAL PARTICULARS	
4 COLOR OR RACE SINGKE, MARKIED, WIDDWED, OR GIVENCES ( WITTE the word)	16 D
DATE OF BIRTH	17
(Month) (Day) (Year)	that
AGE (If LESS than	and
yrs. # mos. 36 ds. or min.?	The
(a) Trade, profession or carticular kind of work (b) General nature of industry pusiness, or establishment in which employed or (employer)	
BIRTHPLACE (State or country) Mary laced	С
10 NAME OF FATHER CULLUL S. Ford  11 BIRTHPEXCE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER dua M. London	(Sign
13 BIRTHPLACE OF MOTHER (State or Country)	At pl of de When
(Informations - Samuel S. Ford	if no Form usual
(Address) Oella mel	19 P

If more bianks are needed, Addre . Tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

65212 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

e Ford Ward)	(If death occurred In a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH	15 , 1923/
	(Day) (Year)
17 I HEREBY CERTIFY, That I atte	
that I last saw halive on	/
and that death occurred on the date stated	bove, at,m.
The CAUSE OF DEATH * was as follows:	c /- /
Went from	Merely
e contraction of the contraction	***
(Duration)	yrs. mos de
Contributory	
Secondary	
(Duration)	yrs mos ds.
(Signed) 192\$ (Address) Elle	isy at 2
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in desths from any and (2) Whether
18 LENGTH OF RESIDENCE (For Hospital	ls, Institutions, Trans-
At place In the	yrsds.
Where was disease contracted	Personal Property of the Prope
if not at place of dea.h?	+000vr100044660000000000000000000000000000000
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
toplar M.E. hand	weg 17, 10 3/
20 UN DERTAKER	ADDRESS SAR

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Locomotive (b) engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all quetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD. Every item of infor-N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 09213
1. PLACE OF DEATH	37.
County Palfime.	Registration Dist. No.
Village or City I when rille	No. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number)  isds. How long in U.S. If of foreign birth?yrs
2. FULL NAME banka May - Harry	il -
14- 61	
(a) Residence: No. / Juvan Juca (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  DIST  193/
5a. If married, widowed, or divorced	(Month) (Day) year)
HUSBAND OF Grand	22.   HEREBY CERTIFY. That I attended deceased from
16. 00	april 9th 193/ 10 acy 20 th 19 3
6. DATE OF BIRTH (month, day, and year) VEC. 12 /878  7. AGE Years Months Days If LESS than	I lad saw h alive on acces 2004, 197/ ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above at L. S. A. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:  Data of oneet
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	Desperant Sein - 1 chulg
9. Industry or business in which	Corcustion of Diguesting for
work was done, as SILK MILL, SAW MILL, BANK, etc	<i>y</i>
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Moul
(State or country) Ma.	
14. BIRTHPLACE (city or town)  14. Dirthplace (city or town)	000
14. BIRTHPLACE (city or town)	Name of operation Costory Data of and
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
Adva Shaw Silver	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A. C.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Jahran
Place Navid Rudge Date lung 27, 193/	Manner of injury
Mmc 1	reactive of injury
19. UNDERTAKER // 12/7 St - Paul	24. Was disease or injury in any way related to occupation of deceased?
20. FILED AUG 25 , 1931 ES M. Chola MID	(Signed) I Dissess Frifee M. D.
Registrar.	(Address) Rivitardans 2009
1f more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroepteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseluborer, Farm luborer, Laborer—Coul minc, etc. Wom-en at home, who are engaged in the duties of the whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every to report specifically the occupations of persons en-Physician, Compositor, Architect, .,, etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Stationary fireman, etc. But in many person, irrespective of Locomotive engineer,

Staternent of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time aid causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid Jever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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prefully supplied ACE should be stated EXACTLY, in plain terms so that it may be properly classifle organt. See instructions on back of certificate. CORD BINDING PERMAN -FOR 2 UNFADING INK---THIS Every Item of information should be carefully supplied CIANS should state CAUSE OF DEATH in plain terms statement of OCCUPATION is very important. See Instru MARGIN RESERVED WRITE 1

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Filed

PLACE OF DEATH County Oal wors	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Waller (No. 2FULL NAME William )	St.: Ward)  (If death occurred in a hospital er institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whide SINGLE, MARRIED, MARRIED, OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH Que 9th , 193/ (Month) (Day) (Year)
6 DATE OF BIRTH  June 29, 187.  (Month) (Day) (Year)	that I last saw h Mc alive on Oug 192/.
7 AGE	rs. The CAUSE OF DEATH * was as follows: Stath Sudeuler
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Myo-Cardelis  (Duration) yes 6 mos ds.
9 BIRTHPLACE (State or country) Ballo Co. Way Land	Secondary (Duration) yrs mos ds
10 NAME OF Miliane Gent	(Signed) John A Drach M. D. Chig 10th 192/ (Address) Cocke ysolle M.L.
OF FATHER (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deaths from Vloient Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Martha Ellew Yorkfith	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)  Marulaud	At place of death yrs mos. ds. State yrs mes ds.
(Informant) Barbara & Jent	if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
(Address) Buller 13 810 Co Ind	13 hold 19 mg Church Court Cles 1 12 1931

ADDRESS

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registra

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.),

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Mever return 'Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grovery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of werk and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed For many occupations a single word or term on For persons who have no occupation The muterial

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American Medical Association.)

If this coefficate is loosed over thoroughly and all questions answered is detail, it will prevent further correspondence. A lithe data is frential and must be obtained before the certificate is permanguity filed.

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V. S. No. 1

N. B.-

Village or City Student (No. St.: Ward) anospital or inatitive state of the course of the state of the course of the state	PLACE OF DEATH County	OS216 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4038
S SEX  A COLOR OR RACE  SINGLE WINDOWED OR DINONCED (Write the word)  5 DATE OF BIRTH  Delt 22, 454  (Wonth) (Day) (Year)  17 AGE  If LESS than Iday hrs. and that deather was as follows:  18 CAUSE OF DEATH was as follows:  19 DITTHELACE (Stee or country)  10 NAME OF FATHER  11 BIRTHPLACE OF MOTHER  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  15 Filed (Lag 30, 193.) (2.1. H. 4) CAUSE  Registers  15 Filed (Lag 30, 193.) (2.1. H. 4) CAUSE  Registers  16 DATE OF DEATH  (Month) (Day) (Year)  17 II HEREBY CERTIFY, That I attended the deceased from that I last saw h. Lecalive on All J. The CAUSE OF DEATH was as follows:  16 DATE OF DEATH  TO CAUSE OF DEATH was as follows:  17 II HEREBY CERTIFY, That I attended the deceased from that I last saw h. Lecalive on All J. The CAUSE OF DEATH was as follows:  18 CAUSE OF DEATH was as follows:  19 DEATH was as follows:  19 DEATH was as follows:  10 DATE OF DEATH  TO CAUSE OF DEATH was as follows:  10 DEATH was as follows:  11 DEATH CAUSE  (Date of DEATH was as follows:  12 DEATH was as follows:  13 DEATHPLACE  (Steen country)  (Duration)  14 DEATH CAUSE  15 DEATH  16 DATE OF DEATH  17 Lattended the deceased from  18 DEATH CAUSE  18 DEATH CAUSE  19 DEATH was as follows:  19 DEATH Was as and that date	m: 0 H	St.: Ward)  St.: Ward)  (If death occurred I a hospital or institution, give its NAME in stead of street an
TOWART STATE OF BIRTH  Dett 22 A54 (Write the word)  (Month) (Day) (Year)  TO AGE  IFLESS than I last saw here alive on Alfred 192 (State or country)  Defration or particular kind of work  (B) Trade, profession or particular kind of work  (B) General nature of industry  (B) General nature of industry  (B) General nature of industry  (B) State or country)  Description  Description  Description  The CAUSE OF DEATH " was as follows:  The CAUSE OF DEATH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year)  The cause of that I last saw he talive on addition of the cause of the cau	MARRIED. WIDOWED. WIDOWED. OR DIVORCED	aug 29, 1921
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  D BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME  OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  15 Filed (Address)  15 Filed (Address)  16 Ay, hrs. or min.?  I day, hrs. or min.?  Registrar  Registrar  I day, hrs. or min.?  Registrar  Registrar  Registrar  I day, hrs. or min.?  Registrar	Jeft. 22, A54	aug 13 1921, to aug 18 , 1931
(Signed) Contributory Secondary  Do NAME OF FATHER (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 BIRTHPLACE OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  15 Filed  A 3.0. 193./ A.F.i. H. JONNIGHT Registrar  (Contributory Secondary  (Contributory Secondary  (Signed)  (Contributory Secondary  (Signed)  (Duration)  (Signed)  (Duration)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (Signed)  (Sign	76 yrs. 8 mos. 24 ds. or min.?	
(Signed) July July July July July July July July	particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory
OF FATHER (State or country)  OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  Filed  (Address)  OF FATHER (State or country)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)  At place of death yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  To UNBERTAKER  Clauser C. authur  Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)  At place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  Clauser C. authur  To the Address	10 NAME OF Albert Jewing	(Signed) (Digration) yrs mos de
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  Filed (193.)  15 Filed (193.)  16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  In the State yrs mos do Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  Filed (193.)  20 UNDERTAKER  Clarent C. Authur Front Wed.	OF FATHER (State or country)	
(Informant) John J. Jove,  (Informant) John J. Jove,  (Address) Jove J. John J. John J. John Johnson John J. Johnson John J. Johnson J	OF MOTHER  13 BIRTHPLACE OF MOTHER	At place in the of deathyrsmosds. Stateyrsmosds
(Address) Journ Mil 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE O	In the Thomas .	if not at place of death?
Filed ang 30 1931 Vatiti Tosseek Clarent C. athur Fork Wd.	(Address) Jourson Mil	Dt. Johns Longes End aug 31, 1031
	Filed ang 30. 193./ V. T. T. T. ONLEM Registrar	Clarent E. arthur From Wd.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Doy loborer, Form loborer, Loborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (o) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed Foremon, (b) For many occupations a single word or term on yrs). For persons who have no occupation Automobile foctory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "Inanition," "Heart failure," "Haemorrnage, "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic volvulor heart disease; etc. The contributory

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V. S. No. 1

N. B.

	PLACE OF DEATH County Dellinose	09217	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3
1	FULL NAME Jacob S. So	ranch	St.: Ward)  (if death occurred in a hospital or institution, give its NAME instead of street and number.)
1	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
1	Male White the word)  4 COLOB OR RACE 5 SINGLE, MARRIED, Willowed.  OR DIVORCED (Write the word)	16 DATE OF DEATH	8 26, 198/ (Month) (Day) (Year)
	(Month) (Day) (Year)	that I last saw h 120	CERTIFY, That I attended the deceased from 1981. to 25 1981
7	(Month) (Day) (Year)  AGE  Syrs.   mos.   ds.   or min.?	1/	red on the date stated above, at 10.4 Um. TH * was as Tolows:
北北	(a) Trade, profession or etucal farmes particular kind of work  (b) General nature of industry business, or establishment in	A.	(Durstion)yrs. Aynos. / 9ds.
9	BIRTHPLACE (State or country)  10 NAME OF	Contributor 2	(Duretion) Tre pros. L. de.
	FATHER Deufaum Gorsuch		(Address) Janefistead Mid
	(State or country) ) anyland  12 MAIDEN NAME)	Miolent Causes, st. Accidental, Suicidal	iscase Causing Death, or, in deaths from ate (1) Mesns of Injury and (2) Whether or Homicidal.
	of Mother lizabeth Shawherse,  13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	ients or Recent Re At place of deathyrs	In the State yrs mos ds.
1.	(Informant) Parall A Sersuel	if not at place of deal Former or usual residence	h?
	(Address) Upperes not Filed aug 28 1931 C. E. Fourth M. A.C.	19 PLACE OF BURIA	appress
=	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., I	Bylto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart Nomenclature of the disease; not be

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V. S. No. 1

20 ż Filed My - 20

PLACE OF DEATH .	09218 STATE OF MARYLAND
County Balfimore	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Woodlaws Time:  2FULL NAME Baly Boy Society	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME Isstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRIED, WIDOWED.  OR DIVORCED Balg, (Write the word)	Rujust (Month) /9 (Day) (Year)
August 19 193/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decembed from  August 1923 /. to August 1923 /. that I fast saw h August 192 /. 1923 /.
7 AGE    If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Chutra-tifline Hophygia.  (Duption) yrs. mos do.
9 BIRTHPLACE (State or country) Woodlaum, rud.	Contributory Secondary  (Durstion)yrsds.
10 NAME OF FATHER Carl Boukers  11 BIRTHPLACE OF FATHER (State or country) Baldimore Mid.	(Signed) And M. D.  *State the Liscase Causing Death, c., In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 OF MOTHER	Is LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
(State or country) Sauto. 10, Mag.	Where was disesse contracted, if not at place of death?  Former or usual residence
(Informant) Woodlawn, M.S.	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Those Remetry 8-20, 1931

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed us At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Physician, Compositor, 'Architect, Locomotive engineer, etc., Foreman, especially in industrial employments, it is neces-For many occupations a Form loborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary firemon, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the pirstance of Cause of Death—Name, first, the pirstance of Cause in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of tho Injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by roilway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY Chronic interstitial nephritis, Whooping cough; (secondary or intercurrent) "Atrophy," "Collapse," "Come," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; affection need not be

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-WRITE PLAINLY,

S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09219
1. PLACE OF DEATH	23
County Baltimore	Registration Dist. No. 9
Turney or one state of the soul of the sou	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence to city or town where death occurred	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME formal trank I	reed
(a) Residence: No.	St., Ward. Zimoneum - Bal. Co.
(Usual place of abode)	If nonresident give city or town and State Mad
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4 COLOR OR RACE   S. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
QR DIVORCED (write the word)	21. DATE OF DEATH
and the same	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Or) WIFE of Francisco	22. I HEREBY CERTIFY. That I attended deceased from
(UI) WITE OI	July 27 1931, 10 Clay 9 1931
6. DATE OF BIRTH (month, day, and year) May 10, 1895	flast saw h. 139 alive on duy 5 , 193/ ; death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at 3
36 2 3 1 day	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Fulmonary Suberculor Dec 19.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc.  10. Date deceased last worked at f1. Total time (years) this occupation (month and spant in this	
this occupation (month and spant in this occupation occupation	
41.1	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Tyyde - M. (State or country)	Intervalore in carting the 1930
E	
14. BIRTHPLACE (city or town)	Name of operation Date of Date of Date of
15. MAIDEN NAME Mary Weers backer	That tool committee diagnostics and all opsystems are all opsystems and all opsystems are all opsystem
E m	23. If death was due to external causes (VIOLENCE) filt in also the following:  Accident, suictde, or homicide?
State or country)	Where did injury occur?
Hospital Records Personal History	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) EUDOWOOD SANATORIUM, TOWSON, MD.	The second will be seen to the second will be se
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Jankswood Dem Date ary . 11 1931	Nature of Injury
19. UNDERTAKER Fredle Larghm & Sons	24. Was disease or injury in any way related to occupation of deceased?
(Address) 7401 Bollan Road	If so, specity
20, FILED 8/9 1931 9. W. Bacon	(Signed) MUNIAGIF M. D.
Registrar.	(Address) Eudowood Sar, Towson, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The second			
ADDITIONAL SPACE FO	ORFURTH	ER STATEMENTS BY PHYSICIAN	

	PLACE OF DEATH	09220 STATE OF MARYLAND
	County Baltimore	CERTIFICATE OF DEATH  Registration Dist, No. 3
	Village or City (No. Lake 24)  2 FULL NAME George H. Shif	St.; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, Widows, Willower OR DIVORCED (Write the word)	16 DATE OF DEATH  August 731 , 1923 /  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deseased from
	6 DATE OF BIRTH  (Month) (Day) (Year)	lugued 15 th 1923), to ang 23 of 1923/, that I last saw him alive on ang 23 of 1925/,
	7 AGE    Solution   County   C	and that death occurred on the data stated above, at 7/15. 7.m.  The CAUSE OF DEATH & was as follows:  Cerebral Semonlage
	(a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed of employer).  BIRTHPLACE (State or country)	Six days (Duration) yrs mos de,  Contributory attrivisions  Secondary  Dyration) / yrs mos de
	10 NAME OF FATHER Micheal Griffith  11 BIRTHPLACE OF FATHER (State or country)	(Signed)
The second secon	12 MAIDEN NAME OF MOTHER Clen Munay  13 BIRTHPLACE OF MOTHER (State or country) England.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)  At place of death yrs mos da. State, yrs mos da.
And the second s	(Informant) Helders Confict.  (Address) Hollies grad Skellol.	Where was disease contracted, if not at place of death?  Former or usual residence
	Filed Aug 24 193/ AT Sutten Registrar Win more blanks are needed, address State Registrar.	20 VNDERTAKER ADDRESS  TO W. Saratoga St., Balto., Requesting V. S. No. 1.

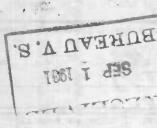
(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, House maid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plunter, cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have uo occupation business, that fact may be indicated thus: Farmer (regaiged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer tion applies to each and every person, irrespective of fulness of various parsuits can be known. Civil engineer, Stationary firemen, etc. But in many (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc-For many occupations a single word or term ou or At Home, and children, not gainfully emwithout more precise specification as Day The material The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercurospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

couditions, such as "Asthenia," "Anaemia" (merely ment of cause of death approved by Committee on head of "contributory." as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignaut neoplasms); Meastes; Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisuned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VICLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"Puerperial septicaemia." "Puerperal peritonitis," can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." :"Haemor vulsions," causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease; inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Scuile," etc.) (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Measics (disease Struck by railreay Always qualify all The contributory (secondetc.

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PLACE OF DEATH

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 30

Ward)

(if death occurred in

a hospital or institu-

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemann, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealr," etc., or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many · . person, irrespective of

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease (Recommendations on statement of cause of death carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritoritis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the as fracture of skull, and consequences (c. g., sepsis or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; nephrilis, etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state of OCCUPA-CORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING of certificate. **AARGIN RESERVED** AGE should be CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back mation should be carefully supplied. -WRITE PLAINEY

V. S. No. 1

1/ PLACE OF DEATH	92-20
/ County Balloquore	Registration Dist. No. 337
Village or City Parlston Lad	NoSt.,Ward
21	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. / How Jong in U.S. if of foreign birth?
	and the state of t
2. FULL NAME A CALLED TOTAL	Ci Word
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month), (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
anne Hall	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, dey, and year) 2101. 15. 1864	I last saw h an alive on Care, 4 0, 19.31; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated abov at \$30 A.m.
67 4 20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER Cosseny Watchman	Mr. 1 Para Take
9. Industry of business In which	Mane ouguges when
work wes done, as SILK MILL Rail Hoad CO	
10. Date deceased last worked et this occupation (month end spent in this	
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	0
	Oxdena of Lays
E Character	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
# 15. MAIDEN NAME Clima Bollinges	Whet test confirmed diagnosis? Was there an autopsy?  23. If death was due to externel causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) / May land	Accident, suicide, or homicide?
(Stele or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Advillar Carkton md	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL THE THATTON, PR REMOVAL	Menner of Injury
Prof salvery Charly Dateling f. 1931.	Nature of injury
19. UNDERTAKER - Afterstem Monegrafor (Address) many and Sine and	24. Wes disease or injury in any way related to occupation of deceased?
0.01 0 00 7 98 07	(Signed) O Lyagle M.D.
20. FILED CHES ( S. , 1931 Mester & Stephenson.	(Address) - Mun to reducing
Tr. and Harton and H. C. D.	N. O. I. C. D. II.

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple E CELL	E D	Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	BUREAU	7 921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Perdonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	1.00			

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	D . A - 1	STATE OF MART
/	County Baltimore	CERTIFICATE OF
.0.	Village or City atousville (No Spring Sira,	Registration Dist. No me Stale Kach St.: Ward) a hos tion,
ificat	2FULL NAME Catharine Har	stead numb
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
ack of	James 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WHOWED.  GR. DIVORCED (Write the word)	16 DATE OF DEATH  (Month) 5 (Day)
ons on b	December 20, 1879  (Month) (Day) (You)	That I last saw here alive on allogs to
instructi	7 AGE  S OCCUPATION  If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at the CAUSE OF DEATH * was as follows:
ant. See	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Mulcus (Darton) yes
Import	9 BIRTHPLACE (State or country) Canada	Contributory Secondary (Durajion)
is very	10 NAME OF FATHER W. C. Bill	(Signed) arthur d. might
NOIT	OF FATHER (State or country) Canada  12 MAIDEN NAME OF MOTHER Bell Rulebson	*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury an Accidental, Suicidal or Homicidal.
OCCUP	13 BIRTHPLACE OF MOTHER (State or Country) Eugland.	ients or Recent Residents)  At place of deathyrsmos. / O ds. In the 2 Stateyr.  Where was disease contracted
ent of	(Informant)	it not at place of dea h?  Former or usual residence 2906 M. Hilliam
statem	(Address)	19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDR
	Filed 192 Registras  If more b.anks are needed added a tate Registras	r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

### 09223 STATE OF MARYLAND CERTIFICATE OF DEATH (131

Registration D	ist. No. 20
is Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH	
(Month) 5	nded the deceased from
that I last saw h W alive on allege b	
and that death occurred on the date stated a	0
Chronic Duration surfraged	Thritzs Alronice
	000 000 000 000 000 000 000 000 000 00
	_yrsds.
Contributory Secondary	vra mos de
(Signed) arthur a m 8/5 1921 (Address) Spring Fr	ight M. D.
	or, in deaths from ary and (2) Whether
18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	ds, Institutions, Trans-
At place of deathyrsmos. 10 ds. In the State.  Where was disease contracted, Audiens	28 yrs. mos. / ds.
Former or 290/ M 1/207	in ane
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Indmont ark	/h , 193/

No. 1 Ó

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womknow (a) the kind of work and also (b) the without more precise specification as Day For persons who have no occupation (b)

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the Chronic etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and all questions an appred in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CAUSE mation

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20. FILEO W

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Edlewett (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or town where death occurred\_ Ware If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 1933 (Oay) (Year) 5a. If married, widowed, or divorced HUSBANO of 22. HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) aus. 16, 1931 death is said 7. AGE Years Months Davs If LESS than to have occurred on the date stated obove, at 1 day, ..... hrs. and related causes of importance or .... min. were as follows Date of onset 8. Trede, profession, or particuler kind of work done, as SPINNER, NO SAWYER, BOOKKEEPER, etc ... OCCUPAT 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... 1D. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation. Other Contributory Causes of importance 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) rud (State or country) What test confirmed diagnosis?. MOTHER 15. MAIOEN NAME 23. If death was due to external ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide?\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 19. UNDERTAKER (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) \_\_\_\_

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemarrhage	July 5,1927	Peritanitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should be carefully

WRITE

DEATH

OF

CAUSE mation

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very important.

PHYSICIANS × rertificate may pluods back instructions

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? 70 Length of residence in city or town where death occurred. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 193 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF RIRTH (month, day, and year) 7. AGE Years Months Days If LESS than or\_\_\_\_min. Date of onset 8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc..... OR 9. Industry or business in which work was done, as SILK MILL 11. Totel time (years) 10. Date deceased last worked et this occupation (month and spant in this occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? ..... Date of injury. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 18. BURIAL CREMATION. Manner of Injury Nature of Injury 24. Wes disease or Injury In any way related to occupation of deceased: 19. UNDERTAKER (Address) 40 If so, specify 20. FILED Mue (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I  The principal cause of death and related causes of importance were as follows:  Date of onset		Example II		
		Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP -5 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
•				

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

te te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09226
state UPA.	1. PLACE OF DEATH	87-67
-	county Baltimore	Registration Dist. No. 32
should of OCC	Village or City Mc Donogh Miles	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occorredyrsmos.	
PHYSICIANS of statement	2. FULL NAME Caroline 5, Ho	lbroof?
SIC	(a) Residence: No. McWonosh My	St., Ward.
HY t	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
7	Female 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sugar 19 - 193 (Year)
Ted	5a. If married, widowed, or divorced HUSBAND of	
X A C T I	(or) WIFE of Theury ( Halbroot)	1924 to 193/
	6. DATE OF BIRTH (month, day, and year) 7el 9-1858	I last law h. M. alive on Aug 18 193/ death is said
d l	7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
stated E properly certificate.	73 6 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be s be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER, Nothing SAWYER, BOOKKEPPER, etc.	Paralitation
1 14 8		Turdlyses Hymans 1724
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
sh it in	10. Oate deceased last worked at this occupation (month and spent in this	
	year) occupation	Other Contributory Causes of Importance:
supplied. AGF in terms, so tha See instructions	12. BIRTHPLACE (city or town) 11. 14 Cally	Other Conditions Causes of Importance.
. 3	(State or country)	hone.
supplied n terms, ee instru	13. NAME John 11. Candel	
efully supplied in plain terms, int. See instri	14. BIRTHPLACE (city or town) 7.7 State	Name of operation None Date of
lly sla	(State of Country)	What test confirmed diagnosis? Was there an autopsy? (
be carefully EATH in pla important.	15. MAIDEN NAME Prisuela Sturges	23. If death was due to external causes (VIOL ENCE) fill in also the following:
H. H.	16. BIRTHPLACE (city er town)	Accident, suicide, or homicide? Date of injury, 19
be cal EATH import	(State or country)	Where did injury occur? (Specify city or town, county and State)
ld l DE	17. INFORMANT / With 10. 2 Remain	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Should OF DI	(Address) West of the state of	
E .S	Place Offining My Date Aug 19 1931	Manner of injury
CAUSE TION is	ST	Nature of injury
CA	19. UNDERTAKER DUYAUX Y MOUSY (Address) Ballon My	24. Was disease or injury in any way related to occupation of deceased?
	(MULIOSS) JULIUM VIII.	If so, specify
-	20. FILEO Mug / 9 , 1931 Dr. Co.Co. Michaels Registrat.	(Signed) M. O. (Address) Published M. D.
)		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of cpilepsy	Date of onset  1 week ago	
Chromia interestitial membridia   CTD	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	100000000000000000000000000000000000000			

CORD

MARGIN RESERVED FOR BINDING

V. S. No. 1

)	Exact
WRITE PLACEY, WITH UNFADING INK-THIS IS A PERMAN I CORD	Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly chassified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
A PERMAN	CE should be hat it may be one on back o
NKTHIS IS	ly supplied. A ain terms so t
UNFADING	ild be carefull DEATH in pl ory important
(LY, WTH (	te CAUSE CE
VRITE PLA	item of info
-	Every CIAN state

PLACE OF DEATH	09227 STATE OF MARYLAND
County Halleners	CERTIFICATE OF DEATH
P	Registration Dist. No.
Village or City taus deene (No. Edna Hor	St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME is - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenale White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  August 6th, 1981  (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decoased from 1912 to he as 6th, 1931, that I last saw h are alive on From 5 th 1951,
54 yrs. 7 mos. 27 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Jrs. 6 mos. ds.
9 BIRTHPLACE (State or country) / mosor - Dungario.	Contributory Secondary  Nelso Love (Duration) M. mos. ds.
10 NAME OF FATHER Pare Letter	(Signed) / Feder V. Seuter M. D. The 6th 1987 (Address) Relay - Mer.
OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER V. class a Las lo	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place
OF MOTHER (State or Country)	of death
(Informant) The Edw Weeks	if not at place of dea.h?
(Address) faces & seine - his	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Louden Park Lucy 1981
Fileday 7 1931 Gersmeetter	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
If more blanks are needed, addre.s Ltate Registre	are the managed many managed and another the managed and another than the managed and the mana

Rest of Cultivaries.

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housetired 6 yrs). ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enr," etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite discase stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Aecidental drowning; Struck by railway train (secondary or intercurrent) affection need not be ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. a hospital or institution, give Its NAME instend of etreet and PERSONAL AND STATISTIC MEDICAL CERTIFICATE OF DEATH SINGLE. 16 DATE OF DEATH OR DIVORCE (Day) tended the decea OF BIRTH (Month) (Day) and that death occured on the date stated above, IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows. RESERVE OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or cou 0 10 NAME OF FATHER RENTS CAUSE Disrase Causing Peath, or, In state (1) Means of Violent Caus s, Injury Accidental, Suicidal or Homicidal. PAI LENGTH OF RESIDENCE (For hospitals, Institutions, Transstate CCUP/ ents or Recent Residents) At place in the of death. yrs..... mos......ds. State....yis.....mos..... 00 Where was disease contracted, of if not at place of death?. Former or statem (Addres 15 If mote banks are needed, address State Registrar, 16. W. Shratoga St., Balto, Requesting Y. S. No. I

(Approved by U. S. Census and American Public Health Association.)

f these of various pursuits can be known. The quescapation is very important, so that the relative health tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Chril engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only and paid Housekeepers who receive a en at home, Ne er return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken " et ... without more precise specification as Day report Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) specifically the occupations of persons en-Compositor, Architect, W For persons who have no occupation (b) are engaged in the duties of the Automobile factory. The material Salesman. Locomotive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. E. amples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PJERPERAL septicaemia," "PJERPERAL perilonitis," etc. "Debility" ("Congenital," "Scnile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy " "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 dx.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease 14 hooping telanus) may be stated under the head of "contributory" carbolic acid-probably suscide. The nature of the injury, accident; Revolver would of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Inanition, FOR VIOLENT DEATHS State MEANS OF INJUNY cough; " "Marasmus, " "Old Age, " "Shock, for malignant neoplasms); Measles Chronic etc. vairular heart disease; The contributory

If this certificate is I oked over thoroughly and a I qu. figns answered in defail, it will prevent further correspondence. . The data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County/Salta	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 44
Village or City Beer Quet (No. L. 2FULL NAME Ty Garkling Or	Yolan (If death occurred is a hospital or institution, give its NAME in stead of atrect an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year).
6 DATE OF BIRTH  (Month) (Dsy) (Year)	
7 AGE    If LESS that   I day hr   hr   or min	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Mestry Blee.  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF 24 'ALL OF 25 CO.	Contributory Secondery  Contributory Secondery
FATHER Stilliant, Jordan.  II BIRTHPLACE OF FATHER (State or country)  IZ MAIDEN NAME  12 MAIDEN NAME	(Signed)
OF MOTHER CLIMITS AS. Myatt,  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferance ients or Recent Residents)  At place of death
(Informant) HM. F. Jordan, Address. Dykesville, Ind.	Former or usual residence
Filed ang. 10 1931 This B. Connelly Registrar	20 UNDERTAKER ADDRESS ADDRESS MAN
If more branks are needed, address State Registr	rar, 16 W. Saratoga St., Balto, Requesting V. S.A.o. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

If this certificate is lookd the thoroughly and all questions answered in detail, it will preventiurther correspondence. All the data is essential and mut by obtained below the certificate is permanently filed.

American Medical Association. approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Example: Measles (disease affection need not etc. The contributory valvular heart Nomenclature disease;

V. S. No. 1

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WINTER WEI, THE UNFADING INNTITIONS A LEAVEN	Every item of information should be carefully supplied. ACE should be stated EXACTLY	CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classifie	statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH County Ballimar		00230	STATE OF M	
$\mathcal{D}_{i-1}$	1 1	3 /1.11	Registration D	ist. No. 3
Village or City Atouswill (No.	Springo	sen state buy	betoe: Ward)	(If death occurred in a hospitul or institu- tion, give its NAME is- steed of street and
2FULL NAME Maggie	Nomme	2rer		number.)
PERSONAL AND STATISTICAL PART	ICULARS	MEDIC	AL CERTIFICATE O	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWELL TEMPOLE White CR. DIVER (Write the	). IGE®	16 DATE OF DEATH	ugust 5th	, 193/ (Day) 5 (Year) 3/
6 DATE OF BIRTH Sept 6  (Month) (Day	Th 1864	17 1 HEREBY That I last saw here	CERTIFY, That I atte	
7 AGE 63 yrs. 10 mos. 29		and that death occur The CAUSE OF DEA	rred on the date stated a	above, at Ziooam.
occupation  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER August Kamue  11 BIRTHPLACE (State or country)  12 Maiden Name  12 Maiden Name	own erev	Secondary  (Signed). Arth  aug 5 193	Fracture of	Ceft hips.  Vis. 1708 4 ds.  Ceft hips.  Vis. 1708 9 ds.  Vis. 1708 9 ds.
of MOTHER Mary Trays  13 BIRTHPLACE OF MOTHER (State or Country) Germany	1	ients or Recent Re At place of death yrs. 5 Where was disease cont	nos. 25 ds. In the State	63 yrs 10 mos 2 9 ds.
(Informant) M. Kamme  (Address) 813 W. Mo	ner	if not at place of dea	n. moura	DATE OF BURIAL
15 Filed 192 If more blanks are needed, addi	Registra	20 UNDERTAKEN 20 UNDERTAKEN 16 W. Saltoga St.,	n Gens De	178. Se-
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(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ener," etc., Without more, Laborer—Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on without more precise specification as Day But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping American Medical Association.) Examples: Accidental drowning; Struck by railwoy train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the cough; Chronic affection need not be etc. The contributory valvular heart Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Filed (10 198)

PHYSI-

	PLACE OF DEATH	63
	County Baltimore	(23)
Vil	Mt. Wilson In Wilson In Mt. Wilson In Mt. Wilson In Wi	
-	PERSONAL AND STATISTICAL PARTICULARS	
	Male White Single, Married Widowed.  White Or DIVORCED (Write the word)	16 DATE C
6 [	November 12th , 1881.  (Month) (Day) (Year)	June
7 A	If LESS than I day hrs. 49 yrs. 8 mos. 28 ds. or min.?	
b (l	a) Trade, profession or articular kind of work Shipping Clerk b) General nature of industry usiness, or establishment in which employed or (employer)	Pulmo
9 E	(State or country) Baltimore, Md.	Secon
	10 NAME OF FATHER John Kane	(Signed)
RENTS	OF FATHER (State or country) Ireland.	*Sta Violent Accident
PAR	of Mother Anna Foley	18 LENGT
1	OF MOTHER (State or country) (State or country)	At place of death
14	(Informant) Louis R. Schuerholy	if not at p Former or usual reside
	(Address) Mt. Wilson, Maryland.	Holy

STATE OF MARYLAND

I.Id .

CERTIFICATE OF DEATH

Registration Dist. No.

atorium.s.

(If deeth occurred in a hospital or institu-Ward) tion, give its NAME is -stead of street end number.)

MEDICAL CERTIFICATE OF DEATH OF DEATH August (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 3rd eath occurred on the date stated above, et ... E OF DEATH \* was as follows: Tuberculosis (Duration) None utory dary M. D. te the l'isease Causing Death, er, in deaths from Causes, state (1) Means of Injury and (2) Whether

al, Suicidal or Homicidal. OF RESIDENCE (For Hospitals, Institutions, Trans-Recent Residents)

disease contracted,

If more branks are needed, address State Registrar, 16 W. Jaratoga St.,

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Duy laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook work, for At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. Housenaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile foctory. The material Grocery;

Strtement of Cause of Death—Name, first, the piseass cousing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent Deaths state Means of Injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL pertionitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock;" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not Chronic interstitial nephritis, use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by roilway train Whooping cough; American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as for malignant neoplasms); Measles; Chronic Example: Measles (disease etc. The contributory valvular heart discose;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

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Exact

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PLACE	OF DEATH	1	
County	Jalimir	ri	
illage or City 2FULL	Orega NAME AN	n (No.	Kec.
PERSONA	L AND STATIST	ICAL PARTICI	JLARS
male	A COLOR OR RACE	B SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the word	
DATE OF BIRTI	H /)		1
	Wigning	(Day)	, 193/ (Year) th
AGE			If LESS than a
	yrs.	mos.	l day hrs. The s. or min.?
(a) Trade, prof particular kind (b) General nat business, or est which employed	ablishment in	X	
State or coun	itry) Ball	8-6	
10 NAME OF FATHER	allen	Kur	Inu (
OF FATHE (State or	R country)	ralt	0
12 MAIDEN N OF MOTHE	R Susan	Inide	mon 18
OF MOTHE (State or	R /26	the Co	A of V
4 THE ABOVE IS	TRUE TO THE BES	T OF MY KNOW	
(Informant)	allen	/ Suchn	er Ind

09232

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospitul or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH  (Month) (Day) (Year)
17 HEREBY CERTIFY, That I attended the deceased from
MJ 10 1921. to Mly 6 , 195
that I last saw he alive on
and that death occured on the date stated above, at
The CAUSE OF DEATH * was as follows:
(Duration), yrs, race
Contributory Secondary  Duration  yis mos
(Signed) M.
*State the Discase Causing Death, or, in deaths from Niolent Caus.s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training or Recent Residents)
At place In the of death yrsmosds. State yrsmes
Where was disease contracted, if not at place of death?
Former or usual residence
PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  OLING 17, 1987  DUNDERVAKER  APPRESS  APPRESS
O D L S L S L S L S L S L S L S L S L S L

Registra

(Approved by U. S. Census and American Public Health Association.)

. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Cook tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired fromen at home, who are engaged in the duties of the should be used only when needed. As examples: a) fulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gairfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer,' "Foreman," "Manager." "Teal-Foreman, to know For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc without more precise specification as Day (b) Automobile factory. The (a) the kind of work and also (b the material (Trovery)

Statement of Cause of Death—Name, first, the DIS-RASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "Without fever (never report "Typhoid Pneumonia"); "Obar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, peritonaeum, etc., Carcinonia, Sarconia, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, curbolic acid - probably suicide. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, approved by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. Whooping cough; Chronic valualar heart American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, cause for which surgical operation was under-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on for malignant neoplasms); Example: Measles (disease etc. The nature of the injury, affection need not Nomenclature of the The contributory disease; Messles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A like data is essential and must be obtained before the certificate in permanently fled.

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	CORD	ould be carefully supplied ACE should be stated EXACTLY, PHYSI- F DEATH in plain terms so that it may be properly classified. Exact s very important. See instructions on back of certilicate.	
שט	H UNFADING INKTHIS IS A PERMANNT CORD	ould be carefully supplied ACE should be stated EXAC F DEATH in plain terms so that it may be properly class very important. See instructions on back of Ortal licate.	
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FOR	CTHIS	terms see Instru	
RGIN RESERVED FOR BINDING	FADING INK	e carefully s TM in plain i	
ZUN	H UNI	F DEA	

	1 PLACE OF DEATH	19233 STATE OF MARYLAND
¢	ounty Baltimore	CERTIFICATE OF DEATH
/		Registration Dist. No.
Vill		d & Westwood Aves St.: Ward)  g, R. F. D., Md.  (If death occurred in a hospital or institution, give its NAME instead of street and name)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	Male White Single, MARRIED, WIDOWED Married OR DIVORCED	August 16, (Month) (Day) (Year)
6 D	(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
	July 20 1 89 (Month) (Day) (Year	
7 AC	If LESS to day	The CAUSE OF DEATH & was as follows:
( p ( l	CCUPATION  a) Trade, profession or Laborer  articular kind of work  b) General nature of industry  usiness, or establishment in	(Duration) 1 yrs mos ds,
	rhich employed or (employer)	Centributory Pulmonary hemorrhage
-	(State or country) Baltimore, Maryland	sudden termination. (Quantion) yrs. mos. de.
	10 NAME OF FATHER William Kellar	(Signed) . M. H. Millimson, M. D.
RENTS	11 BIRTHPLACE OF FATHER (State or country) Baltimore, Maryland	- 8/17/ 192.31 (Address) 5713 Belair Rd.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME OF MOTHER Emma Spinks	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Richmond, Va.	At place of death yrs. mos. da. In the State, yrs. mos. da. Where was disease contracted,
14 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Mrs. Emma Kellar	Former or usual residence.
	(Address) Hazelwood & Westwood Aves.	Mt. Olivet Cometery Aug. 19 11.93
15	Latil n	ADDRESS

11.931

if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requestive V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

on at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at 'oginning of illness. If retired from or given up on account of the DISEASS CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations ployed, as At achool or At home. Tare should be taken definite saiary), may be entered a. household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-"pinner, (b) Cotton mill; (a) Salesmun, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, Mousemaid, etc. worked on may form part of the second statement. sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc-Or For many occupations a single word or term on yrs.). For persons who have no occupation At Home, and children, not gainfully emwithout more precise specification as Day (a) the kind of work and also (b) the If the occupation has been changed -Coal mine, etc. Wom-Housewife, Houseof persons en-The material But in many

ASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerekrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid inneumonia."

ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may he stated under the and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage conditions, such as "Asthenia," Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-State cause "PUERPIRAL septicaemia." "PUERPENAL peritonitis," can be ascertained as the cause. Always qualify all rhage," "Inunition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," stated unless important. Example: Measles ...... (name origin; "Cancer" is less definite; avoid Poisoned by carbolic acid-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." vulsions," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; mycs, perilonaeum, etc., Caroinoma, Sarcoma, etc., of inqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be of "contributory." -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile." etc.), cough; for which surgical operation was under-Never report mere symptoms or terminal Chronic valvular heart discuse; (Recommendations on state--probably suicide. The na-"Anaemia" "Coma," "Haemor-(discase (second-(merely

If this certificate plooked overwho oughly and all questions answered if detail, it will prejoin further correspondence. All the data pressering and must be obtained before the certificate is embaned file.

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Registrar.

It so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 2	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING PERMAN TH UNFADING INK--THIS IS A MARGIN RESERVED FOR WRITE PL

V. S. No. 1

PLAC County	Salto	7		09235 <b>2</b>	STATE OF I	
Village or Cit	ty Em	(No	Mi	shyn ave	Registration I	
2F(	ULL NAME	Friede	Klings	wef		stead of street and number.)
PERSO	NAL AND ST	ATISTICAL PARTIC	CULARS /	MEDIC	CAL CERTIFICATE	F DEATH
3 SEX	4 COLOR OR	RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORC (Write the wo	CED ord)	16 DATE OF DEATH	any 2	) , 192/ 
6 DATE OF BI		(Morth) (Day)	) , 173/ (Year)	000000000000000000000000000000000000000	Y CERTIFY, That I att	nded the deceased from , 192, 192
7 AGE	yrs.	mos,	If LESS than I day hrs. or min.?		rred on the date stated TH * was as follows:	abovo, atm
particular ki (b) General business, or	orofession or ind of work nature of indust establishment in oyed or (employer	ry .		Jux	(Duration)	
9 BIRTHPLAC (State or c	country)		2	Contributory Secondary	(Duration)	yıpı,mos,de
10 NAME FATHER	orne	of Thingle	if	(Signed)	(Address)	Thea M. D.
F OF FAT	or country)	Iluo	7 1	Accidental, Suicidal		
OF MOT 13 BIRTHE OF MOT	PLACE	Perma.	afer	18 LENGTH OF RE ients or Recent Re At place of death	csidents) In the State	als, Institutions, Trans
14 THE ABOVE	e is true to th	E BEST OF MY KNOW	meg ful	if not at place of dea Former or usual residence		
	dress) ma	elyn av	_ `	mt. Car	mel Com.	aug. 28, 193
Filed Gra	2	Thinks. Com	Registras	John G. Co	melly	Cosey
	If more bian	ks are needed, addre	.s Ltate Registra	r, 16 W. Saratoga St.,	Balto., Requesting V. S	. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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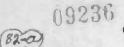
Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee Chronicon etc. affection need not be valvular heart Nomenclature The contributory disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	WRITE PL ILY, TH UNFADING INKTHIS IS A PERMANT CORD	N. EEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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OR BIN	S A PER	ACE shot that it m
SVED F	-THIS IS	uppiled. terms so
MARGIN RESERVED FOR BINDING	JING INK	sarefully s H in piain cortant. S
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	,Y,	CAUSE PATION IS
	PL NI	of information of OCCUR
	WRITE	very item
V. S. No. 1	(	N. B.

1PLACE OF DEATH
County Baltimore



STATE OF MARYLAND

- 1		0.		1 67 11 10	
CEF	RTIFI	CATE	OF	DEATH	
	Regis	tration !	Dist. N	o. 4I	

Village or City Dun	dalk	(No	Hollabird	Ave	St.:Ward)	(If death a hospital	
2FULL NAME	George	Albert	Knott.			tion, give its stead of a number.)	

2FULL NAME George Albert Knot	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word)	August 20th , 193 (Month) (Day) (Year)
Sept. 10th 1877  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE    If LESS than   day hrs   da	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE	Cerebral Hemogrhage  Contributory Secondary
(State or country)  Maryland.  ID NAME OF FATHER  William Knott.	(Signed) And And And And Coroner M. D.
OF FATHER (State or country) Pennsylvania 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jane Elliott.  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) Mrs, Kate Donoldson.  (Address Ellicott City. Md.	Former or usual residence  19 PLACE DF BURIAL OR REMOVAL  St, Johns Cem. Aug 22 , 19 34
Filed 8/2/3/192 MMCarune Registras	Easton Sons.  Ellicott, Ct.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise are laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on (Recommendations on statement of cause of death earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart affection need Nomenclature of the not be disease;

permanently filed. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

V. S. No. 1

PLACE OF DEATH	09237 STATE OF MARYLAND
County Galtinare	CERTIFICATE OF DEATH
0	Registration Dist. No. 30
Village or City atousville (No. Spring France). Mary Koch	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and
2FULL NAME (Mes). Mary Coch	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, Wildows (Write the word)	16 DATE OF DEATH STR., 193/ aug. (Month) 8 (Day) 198/ (Year)
6 DATE OF BIRTH July 19, 1861	17 I HEREBY CERTIFY, That I attended the deceased from sug. 5 th 13 to sug. 5 th, 1931,
(Month) (Day) (Year)	that Plast saw hor alive on del g
7 AGE II LESS than	and that death occurred on the date stated above, at 0.20 m.
70 yrs. 0 mos. 19 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION /	Brancho- Fremonia
particular kind of work Lined at Home.	The slipped on floor of Hospital bathroom, and fella
(b) General nature of industry	a fine services of the service
business, or establishment in which employed or (employer)	Fracturing her his (Duration) yrs. mos ds.
9 BIRTHPLACE 0 0	Contributory Tracelused Trip
(State or country) Balto. C. Md.	Auration) yrs. 8 mos. ds.
10 NAME OF	(Signed) (Shu & Buck & M. D.
FATHER Lamuse Haury Koch	2 01 21 11. E HH
UN 11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from
OF FATHER (Stats or country) Lemeany 12 MAIDEN NAMES	*State the Disease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MARY MARUSULA	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Lesmany	At place of death yrs mos. 3 ds. In the 70 yrs 0 mos 9 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Luckuoww
A Atural	Former or usual residence 1822 Perusylvania and
(Informant)	19 PLACE OF BURIAL OR BENOVAL DATE OF BURIAL
(Address)	London 1 R Gen lug 12, 193
15 Filed 8 1929, Aldred	MUNDERTAKER ADDRESS
Registra	
If more banks are needed, addre.s tate negistra	r, 16 W. Saratoga St., Balto., Requesting V. S. ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise special mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to c.ch and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

> "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), . 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traindiseases (secondary or intercurrent) affection need not be Whooping cough; approved by Committee on Recommendations on statement of cause of death American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARC TH UNF Every item of information should k CIANS should state CAUSE OF DE statement of OCCUPATION is very

GIN RESERVED FOR BINDING	OR BIN	DING		1
'ADING INKTHIS IS A PERMAN T CORD	IS A PER	MANT	CORD	1

	PLACE OF DEATH  County Baltinese 92	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 10 39
incate.	Village or City Mindton (No	St.: Ward)  (If death occurred least or institution, give its NAME in stead of street an number.)
Ceu	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH AUG 29, 1921 (Month) (Day) (Year)
o no suo	6 DATE OF BIRTH  May  (Month) (Day) (Year)	17 I HEREBY CERTIFY That I attended the deceased from  193 to 193 that I last saw h man alive on and a few 192 that I last saw h man alive on a few 192 that last saw h man alive on a few 192 that last saw h man alive on a few 192 that last saw h man alive on a few 192 that last saw h man alive on a few 192 that last saw h man alive on a few 192 that last saw h man alive on a few 192 that last saw h man alive on a few 192 that last saw h man alive on a few 192 that last saw h man alive on a few 192 that last saw h man alive on a few 192 that last saw h man alive on a few 192 that last saw h man alive on a few 192 that last saw h man alive on a f
ee illstruct	7 AGE    If LESS than   day hrs.   hrs.   or min.?	and that death occurred on the date stated above, at
unportaint.	particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  Description  BIRTHPLACE (State or country)	Contributory Broken Confermation
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
	OF MOTHER Mangaret O Comell  13 BIRTHPLACE OF MOTHER (State or Country)  14 Country  15 Country  16 Country  17 Country  18 Co	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferate or Recent Residents)  At place of death yrs mos descriptions. In the State yrs mos descriptions.
	(Informant) Manuel Seech	Former or usual residence
	(Address) Jecas Mamberd  Filed 5/30/3/192 Province Registrar	20 UNDERTAKER LONG STREETS MEDICAL MADDRESS
		16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm loborer, Loborer—Coal mine, etc. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, work; or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Former or Planter, fulness of various pursuits can be known. worked on may form part of the second statement. tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Solesmon, (b) Grocery; eman, (b) Automobile factory. The material without more precise specification as Doy The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenitaly" "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart diseose; etc. The contributory

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)	LY. PHYSICIANS Exact statement of	County Ba
CO P.D	. 75	Village or Ci
007	EXA sified	PER
IN	class	3 SEXI
ANE	erty.	Male
PERM	AGE should be stated EXACTLY it may be properly classified. Exaback of certificate.	6 DATE OF B
SA	E sh ay b	7 AGE
-SI		•
IX -TF	piled. o that	(a) Trade, pr particular kin
WRITE TLAINLY, WITH UNFADING INK-THIS IS A PERN	Every Item of information should be carefully supplied. AGE should state CAUSE OF DEATH in plain terms, so that it may be OCCUPATION is very important. See instructions on back of cer	(b) General in business, or which emplayed
UNFAL	caref	(State or
H	d be	10 NAM
Y. W.	Every item of information should should state CAUSE OF DEATH OCCUPATION is very important	Z OF F
AINL	OF D	Z OF F
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WRI	ON ON	14 THE ABOV
	state PAT	(Informant)
	house	(Addr
1	E SE	Floor All

Coun	PLACE OF DEATH  Ny Baltimore	09239	STATE OF MAR CERTIFICATE OF	
		Registration Dist. No.		
Villag	e or City Pikesville (No. 507 Reiste  *FULL NAME Theodore F. Lerp	rstown Road	St;Ward)	[If-death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX	WIDOWED Married	16 DATE OF DEAT	August 17 (Month)	1931 , <b>P94</b> (Day) (Year)
7 AGE	November 7 , 1874 (Year)    Month   (Day)   (Year)			198/ 198/ 198/ 198/ 198/ 198/
(a) part (b) busi which	CUPATION Trade, profession, or louier kind of work  General nature of industry dess, or establishment in the employed (or employer)  State or country)  Baltimore, Md.	Contributory Secondary	Carculouse (Buration)	A STorwach Whowing yrs mos o Hurawhage
	10 NAME OF Theodore Lerp	(Signed)	G. B. Euror 4936	yrs moe — e
ENTS	11 BIRTHPUACE OF FATHER (State or country)		Address Par Pinease Causing Drath, or, ir 1) Means of Injury; and (2)	
PARE	of Mother Catherine Heinkle	SUICIDAL OF HON	SIDENCE (FOR HOSPITALS, IN	
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RES! At place of deathyrs	mes. ds. State I	ife a
	Informant) Mrs. Blanche A. Lerp	Where was disease confit not at place of deet former or wavel restdance		
	(Address) 507 Reisterstown Rd., Pikesville	19 PLACE OF BUR	1	PATE OF BURIAL
15	14918 131 E E Michal	Druid Ridg	1///	ug. 19 101X31 DDRESS 003 West

[Approved by U. S. Census and American Public Recibe Association.]

applies to each and every person, irrespective of age. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. For many occupations a single word or term on the employed, as Al school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Hausekeepers precise specification as Day labarer, Farm laborer, Laborer "Foreman," "Manager," "Dealer." mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons write None Housemaid, etc. Statement of Occupation-Precise statement of occupa--Coal mine, etc. the second statement. For persons who have no occupation whatever If the occupation has been changed Women at home, who are engaged in Never return "Laborer." Locomotive engineer, But in many cases, 610., If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Branchapneumonia ("Pneumonia."; Lobar pneumonia. Branchapneumonia of lungs, menis-unqualified. is indefinite); Tuberculosis of lungs, menis-

chopneumonia (secondary), 10 da. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Wheoping ges, perilonasum, etc., Carcinoma, Sarcoma, etc., of "Heart failure," "Haemorrhage," "Inamition," "Maraumus," "Old Age," "Shock," "Uraemia," "Weakness." symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bren-(name origin; "Cancer" is less definite; avoid use of SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. "PUERPERAL perilonilis." cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver "Coma," (merely symptomatic), "Atrophy, oma," "Convulsions," "Debility" The contributory (secondary or interestetc. State cause for which "PUERPERAL septichuemia," "Dropsy," carbolic acid-probably Never FOR VIOLENT DEATHS "Atrophy," "Col-Recommendation "Exhaustion," report mere ACCIDENTAL, to punon ("Con-

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PLACE OF DEATH	STATE OF MARYLAND
County Balto	CERTIFICATE OF DEATH
County	Registration Dist. No. 32
Village or City Jihr hell (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Garm Lung	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) 7 (Year) 31.  17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH  March 17, 1856  (Month) (Day) (Year)	guly 10 1921. to any 7 1931, that I last saw h Manalive on Cuny 7 1931.
7 AGE [If LESS than	and that death occured on the date stated above, atAm.
75 yrs. 5 mos. 20 ds. or min.	The CAUSE OF DEATH * was as follows:
e occupation (a) Trade, profession or particular kind of work	Deslet - helitu
(b) General nature of industry business, or establishment in which employed or (employer)  huchaut.	(Duration) yrs, 6 mos de,
9 BIRTHPLACE (State or country) Olfan, A. 4	Contributory Secondary (Currently photology) (Duration)  yrs  mosds.
10 NAME OF FATHER Michael Lives	(Signed) Jalu F. Philliam M. D.
OF FATHER  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME of MOTHER Lytta man cus.	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. 2 mos. ds. In the State yrs. 2 mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) his ann Long	Former or usual residence Talla Lassee Florida
(Address) Pike will M.	Markin alon D.C. Pied. 9. 1931
15 Filed Aug 7 1921 & E hulhal Registral	20 UNDERTAKEN ADDRESS Entars
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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en at home, who are engaged in the duties of the worked on may form part of the second statement. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also b the fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return 'Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary foreman, etc. But in many Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enuner, (b) Cotton mill; (a) Salesman. (b) Geovery, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Compositor, For persons who have no occupation Architect, Lacomoline engineer Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Jever (the only definite syncnym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage as atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (discuse as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopnoumonia (secondary), inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably smeide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) Examples: A coidental drowning; Struck by railway train Whooping Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic affection need etc. valradar The contributory heart not be disease;

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V. S. No. 1

PLACE OF DEATH  County DALL  (31)	09241 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Delegat (No.	Registration Dist. No. 33
2FULL NAME Helen Man	ward) a hospitel or institution, give its NAME in steed of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, W. O. O. DIVORCED (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH  MOY 10, 1840  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Jest 192/. to Reef 3, 1923.  that I leat saw h alive on Reef 1, 1923.
7 AGE  Syrs. 2 mos. 24 ds. or min.?	
(a) Trade, profession or sarticular kind of work.  (b) General nature of industry business, or establishment in	(Duration) yıs. mos. di
9 BIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary  (Duration) yre mos.
FATHER 4 CO LECTION	(Signer) 9. 192, See M. I. M. I. Sheep 3 1923) (Address) Per Les Lucron
OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER  13 BIRTHPLACE OF MOTHER  14 OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)  At place In the Stete
(State or Country) WWW LOW (A	of deathyrsmosds. Steteyrsmosd  Where wes disease contrected, if not at place of death?
(Informant) Eugene Lowe Sowe	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  AND ACTUAL AND ACTUAL OF BURIAL  AND ACTUAL AND ACTUAL OF BURIAL
15 Filed ary 3 192) / IT was a Registrar	20 UN DERTAKER FUNCUMAN ADDRESS  A + ESM RUALUSAGUM MAC
If more highly are needed, address State Registra	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (6) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebryspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must he obtained hefore the certificate is permanently filed.

N 88-Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD MARGIN RESERVED FOR BINDING TH UNFADING INK --- THIS IS A PERMAN WRITE PLA

PLACE OF DEATH	ng242 STATE OF MARYLAND
County Balto. County	CERTIFICATE OF DEATH
Village or City Halethore (No. Carrville	Ave fune Rd St.: Ward) (If death occurred a hospital or instit
2FULL NAME Baby Dorothy Ev	elyn Mongold, tion, give Ita NAME is stead of street as number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED	16 DATE OF DEATH Oug 24, 193/ (Month) (Day) (Year)
august 24th 1931	I HEREBY CERTIFY, That I attended the deceased fro
(Month) (Day) (Year)	that I last sow h 21 alive on lug 24 1923
7 AGE If LESS than	
yrs. mos. ds. or min.	
a occupation (a) Trade, profession or particular kind of work	Alelectesis.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) yrs 1 mos 4
9 BIRTHPLACE (State or country) Balto, and.	Contributory Secondary  (Duration) yrs. () mos.
10 NAME OF John S. Mangold.	(Signed) Liquiding J. Mandelm M. Aland M. (Address) H. S. L. (Address) H. S. L. Mandelm a.
OF FATHER  (State or country) Balton, md.	*State the Discase Causing Death, or, in deaths from Violent Caus-s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Dorothy Bell Engel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country) Balto, Md.	At plece of deeth yis mos. ds. In the State yrs mos.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not et place of death?
(Informant) John S. Mangold	Former or usual residence
(Address) Garville Ave Iune Road	Fortaon / ark am. Hug 20, 1931
Filed 125 1931 All Registras	Chas. W. Dill. Fredh Ave.
If more blanks are needed, address trate Registrate	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Form laborer, Laborer—Coal mine, etc. tired 6 yrs). state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," "Manager," 'Deal-Spinner, (b) Collon mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physicion, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary froman, etc. But in many Physicion, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housereport specifically the occupations of persons ennner, (b) Collon mill; (a) Salesman. (b) Grocery: Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on without more precise specification as Day Compositor, For persons who have no occupation Archilect,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptaled term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably succide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL scplicaemia," "PUERPERAL perilonilis," cle. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measless inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsus, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular etc. affection need Nomenclature of the The contributory heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state ORD. Every item of infor-

Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING

B. WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF	MARYLA	ND-	CERTIFICATE OF DEATH		
1. PLACE OF DEATH			93-2 09243		
County_Baltimore			Registration Dist. No.		
Village or City Dundalk		- (I	No. 39 Dundalk Ave St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death	occurredyrs,		sds. How long in U. S. if of foreign birth?mosds.		
2. FULL NAME Evaline	Manning				
(a) Residence: Np. 39 Dunda	alk Ave		St. Ward.		
(a) Nordonou. Hb.	(Usual place of abode)	)	If nonresident give city or town and State		
PERSONAL AND STATISTICA	L PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH		
Remale White	SINGLE, MARRIED, W DR DIVORCED (write) Vidowed		21. DATE OF DEATH  (Year)  (Year)		
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	anning		22. March 193/, to and 14 , 193/		
6. DATE OF BIRTH (month, day, and year) June	7 th 18	60	Hast saw h. W. alive on any 13 1, 1931; death Is said		
7. AGE Yaars Months 7 I	4 1 day,	LESS than	to have occurred on the date stated above, at		
8. Trada, profession, or particular kind of work done, as SPINNER, HOUSENER, BODKKEEPER, etc.		AIIII	Chronic Muse as diles		
Q industry or husiness in which	ome				
19. Date deceased last worked at this occupation (month and year)	11. Total time (year spant in this occupation	rs)			
12. BIRTHPLACE (city or town) Pa (State or country)			Dther Contributory Causes of importance:		
13. NAME Dont know					
13. NAME DON'T KNOW  14. BIRTHPLACE (city or town)  (Stata or country)			Name of operation		
15. MAIDEN NAME Margaret A	Smith		23. If death was due to external causes (VIOL ENCE) fill In also the following:		
15. MAIDEN NAME Margaret A Smith 16. BIRTHPLACE (city or town) Pa (State er country)			Accident, suicide, or homicide?		
17. INFORMANT Mrs Katherine Stewart (Address) 39 Dundalk Ave			(Specify city or town, county end State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Place Place Place	ate Aug I4	th, 19	Manner of Injury Nature of injury		
19. UNDERTAKER John Ullrich (Address) 2008 Orleans	Sŧ.		24. Was disease or injury in any way related to occupation of deceased? 200		
20. FILED 8/14/93/ XX/	Marin	une	(Signed) and Plue M. D.		

(Address) 27 maling Rd . Tumdally If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstelles	May 1,1923	Gastroenteritis	1 year
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 111 7 7 7 11

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

SEP 9 1831

Exact statement of OCCUPA-

properly classified.

STATE OF MARYLAND—	LERIFICATE OF DEATH 19244
1. PLACE OF DEATH	82-0
County / Sallimore	Registration, Dist. No. 23
Village or City M. 2 of Imanvelle	No. St., Ward
Length of residence in city of town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
8-10-200	22170/12
2. FULL NAME Sarah Jane //	austre
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH ang, 17 - 193/,
5e. If married, widowed, or divorced	(Month) (Day) (Year)
(or) Wife of arry Marsteller	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) aug 8 - 1844	Sest sawher elive on ang. 15-, 19.5/; death is said
7. AGE Years Months Deys I LESS than	to have occurred on the dete stated above, £9. Pm
869x 1/8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade protession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cerebral Hemorrhage
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
O To Dete deceased last worked et II. Total time (yeers)	
O this occupetion (month end spent in this yeer) occupetion	
Pennal Maria	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) - / SMANAY VULLAGO (Stete or country)	asterio Celesons
13. NAME Harry Marsteller	Character (1000xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
13. NAME Hary Marsteller  14. BIRTHPLACE (city or town). Plunaylvano	Neme of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Jane Bose	23. If deeth was due to externel causes (VIOL ENCE) filt In also the following:
6 16. BIRTHPLACE (city or town) Jenhansulvania	Accident, suicide, or homicide?
S (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Selace Talk Mac Address) 1907 minsher at 1 altoma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece CUCOUL CUM III Date CULG 20 ,1931	Nature of Injury
19. UNDERTAKER M. Caston + Son	24. Was disease or injury In any way releted to occupetion of deceased?
(Address) Elicott bity md.	If so, specify
20. FILED aug 18 , 1931 Sampel & Miller	(Signed) M. D.
Del Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

ż

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term. It is servant—private family, cook—hotel, etc. For a person who-had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such interinite trme as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, a spinitr, waver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example .II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH County Baltimore	09245 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or erry Hewford (No. Monkton	Registration Dist. No. 23.
2 FULL NAME Elizabeth E. In	a hount   or institut
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Throle white Single, MARRIED, WIDOWED. OR DIVORCED (Write the word, windows)	16 DATE OF DEATH
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 198/, to ang 7, 193/, that I lawsaw h valive on and 6, 198/,
7 AGE  89 yrs. 3 mos. 12 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	Chronic Interstitial Suphul
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Zyrs. mos ds.
9 BIRTHPLACE (Ntate or country) Ballo Co. Ind	Contributory Secondary  (Durstion) yrs mos ds.
10 NAME OF FATHER amos Stilly	(Signed) Mhur Bothus M. D. Aug 7. 1921 (Address) While Hall
OF FATHER  (State or country) Balo Co. Sul	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Honor Meyers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Baelo Co, Inc.	At place of desth
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of des-h?
(Informant) Mr. William Stilly	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Montstow. ml	Fostero Cemety aug 9.131.
Filed ang 8, 1931 M. Bastner Aud.	P. Markelier Low White Hall. Ind
If more blanks are needed, addre.s State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household office (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The questired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in dome-tic service for wages, as Servani, Cook, Housemoid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Houselaborer, Parm laborer Laborer - Coul mine, etc. Womer," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Solesman. (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially infindustrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Former tre to report specifically the occupations of persons em ployed, as Attschool, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Foreman, (b) Automobile fuctory. The material or At. Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrotanul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on Nomenclature of the (Recommendations on statement of cause of tellinus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Sonile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Mcasles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL periloditis," etc. "Uraemia," "Weakness," etc., when a definite disease Whooping accident; Revolver wound of head-homicide; Poisomed by Examples: Accidental drowning; Struck by rainbay trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Never report mere symptoms or terminal condiperilonocum, etc., Carcinoma, Surcoma, etc., of interstitial nephritis, etc. valvulor heart disease The contributory

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the fulness of various pursuits can be known. The questired 6 yrs. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Foreman, For many occupations a Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the disease is a country affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pncumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Leanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. can be ascertained as the cause. Always qualify all " Uracmia, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sccondary) stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death (secondary unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-""Weakness," etc., when a definite disease or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease etc. The contributory

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	TE PI	m of Its
1.	WRI	every Ito
V. S. No. 1.		N. BE

	PLACE OF DEATH	03247 STATE OF MARYLAND	
	Balxmore	CERTIFICATE OF DEATH	
	County	Registration Dist. No.	
	Trunger 200 El	On a fam disc. No.	
Vi	illage or City / OWOO (No. 2017, 5 P	Ward) (If denth occurred	in
	Q. 1 2. 9	a bospital or institution, give its NAME, stead of street	in-
	2 FULL NAME Daty Muche	number.)	· DG
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3	SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH	
	MARRIED WIDOWED	aliguet 6 13	/
	Illeau while OR DIVOLOGILLAUL	(Month) (Day) (Yes	10000
6	DATE OF BIRTH	IT I HEREBY CERTIFY, That I attended the deceased	₹/
	(August 6 931	Class Company	
	(Month) (Day) (Year)	that I last saw In V alive on all by 191	7
7 1	(Math) (Day) (Year)  AGE   If LESS than	and that death occurred on the date stated above, at	., m.
	l dayhrs.	The CMISE OF DEATH 14 was as follows:	*
	yrsds. ormin. ?	Ahme to use on a lower than 1 4 th 100	0
	OCCUPATION (a) Trade, profession or	( factus)	
	particular kind of work		
0	(b) General nature of industry business, or establishment in	(Duration)yrsmos.	1.
0	which employed or (employer)		, .d <b>s</b> ,
9 1	BIRTHPLACE (State or country)	Contributory Secondary	4
	lowson. Ma	Dyation yrs	. da.
	10 NAME OF ATTHER	(Signed) X/1000 Clese	M. D.
	x vewy mene	8/7/ 1921 (Address of Therwill ma	
1 2 4	OF FATHER CONTINUE MA	State the Disease Causing Death, or, in deaths from	
i ii	(State or country)/MUTATION 12 MAIDEN NAME ()	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal.	
40		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tr.	nng-
	18 BIRTHPLACE	ients, or Recent Residents)	
12	OF MOTHER (State or country) Bullymore M&	At place In the of deathyrs mos da. State,yrs mos	da.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at pisce of death?	
	" Killian Miche	Former or usual residence	
10	(Informant) Schull March	19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL	
	(Address) LOVE Miskey Faur We	0.10	21
15		20 INDERTAKER AMBRESS	3/
	Filed aug 199/ At- Valter	20 UNDERTAKER  ANDRESS	
-	Def Registrar	Herry melle James Vousou &	de
11	If more blanks are needed, address State Registrar.	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of liness. If retired from business, that fact may be indicated that: Farmer (reor given up on account of the bishase causing brain House maid, etc. If the occupation has been changed definite salary), may be entered a Housewife. House household only (not paid Housekeepers who receive a laborer. Furm luborer: Laborer-Coal mine, etc. Wom-Never return "faborer," "Foreman," "Manager," "Deal-Whatever, write None. tired 6 yes.). For persons who have no occupation gaged in Comestic service for wages, as Screaul, Cook to report specifically the occupations of persons ployed, as At school or At Rome. Care should be taken work, or At Home, and children, and gainfully emen at home, who are engaged in the duties of the er," etc., without more precise specification as (a) Foremak. (b) Automobile factory. The material additional line is provided for the latter statement; it Civil engineer. Stationary faremen, etc. But the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of enpation is very important, so that the relative healthworked on may form part of the second statement Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, wehiteet, Locomotive engineer, fulness of various parsnits can be known. The ques-Statement of Occupation Precise statement of oc-For many occupations a single word or term on As examples: (a) in many Day

Statement of Cause of Death—Name, first, the bisbase cars, a permit (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Dpidemic cerebrospinal meningitis"); Diputheria (avoit use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia."

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (c. g., sepsis, tetanus) may be stated under the conditions, such as "Asthenia," "Anaemia" ary). 10 ds. Never report mere symptoms or terminal unqualified, is indefinite); Tuberculosis of lungs, menture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver around of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicuemia." "Puerperal peritonitis," diseases resulting from childhirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weeknese," etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shoek," "Dropsy," "Ethnosticn," "Heart failure," "Haemor vulsions," symptomatic), "Atrophy," "Collapse," "Coma," causing death). 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tunnor" for malignant neoplasms): Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonarum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart discase; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Example: Meastes (disease (merely (secondnot be etc.

N. B.-Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD FOR BINDING TH UNFADING INK---THIS IS A PERMA MARGIN RESERVED WRITE PLANLY,

6. S. No. 1

	PLACE OF DEATH County Sallman	09248 STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No
ficate	Village or City Syas (No	St.: Ward)  (If death occurred is a hospital or institution, give its NAME in stend of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	3 SEX 4 COLOR OF RACE 5 SIGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	DATE OF DEATH  (My pith) (Day) (Year)
8 01	6 DATE OF BIRTH	that I last saw h Melive on Care 1 193 (193)
tion	(Month) (Day) (Year)	00
nstruction	7 AGE If LESS than I day hrs. ds. or min.?	The CAUSE OF DEATH * was as follows:
ant. See I	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	antie Regungitation
import	9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs. J. mes
very	10 NAME OF FATHER	(Signed) B R Burn M. 1 avy Z6 193 (Address) Crehepoulle me
ION IS	OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, 7, in deaths from Viblent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
PAT	of MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran- ients or Recent Residents)
foccup	13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos. ds. State yrs mos d  Where was disease contracted, if not at place of death?
nent o	(Informant) alm Hum Record	Former or usual residence
etatem	(Address) Juan	Popley Cemely any 25. 1031
9	Filed any 7 1931 R Benny MI	20 UNDERTAKER Sharks and Sharks and
	If more banks are needed, add ass State tegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serumit, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremue, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oewhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the borer, Farm laborer, Laborer—Coal mine, etc. Womreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Salesman. (b) Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISTAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); spinal meningitis"); Diphilieria (avoid Pneumonia"); whar pneumonia. Bronchopneumonia ("Pneumonia");

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Semile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Meastes (disease inges, peritonaeum, etc., Carcinoma, Sarcona., etc., of ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Mensles unqualified, is indefinite); Tuberculesis of lungs, men-American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary cough; or intercurrent) Chronic etc. affection need valvular Nomenclature of The contributory heart discuse not be

/ 1	00010
PLACE OF DEATH	19243 STATE OF MARYLAND
County Salto	92-0 CERTIFICATE OF DEATH
$m l_{n+1} m$	Registration Dist. No. 42
Village or City Fullerly (No. +00)	er U St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Gothel M.	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SHNGLE, MARRIED,	16 DATE OF DEATH
MYBOWED OR DWORCED (Write the word)	(Month) / (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(n) 29 1.8/n	O.L. 192 . to
(Month) (Day) (Year)	that I last saw h
7 AGE MIFLESS than	and that death occurred on the data stated above, at
7/ N I dayhrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	
8 OCCUPATION (a) Trade, profession or	Motoral Remandation
particular kind of work	and the first of the state of t
(b) General nature of industry	(f)
business, or establishment in which employed or (employer)	(Duration) vre mos de.
9 BIRTHPLACE	Contributory Liteus Leleusis
(State or country)	(Duration)yrsde.
TO NAME OF PATHER A A SOL	(Signed) Sustair, 4 Fret M. D.
IL BIRTHELACE	8/11 193/ (Address) Cole Coly
OF FATHER	
(State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Property	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recant Rasidents)
13 BIRTHPLACE	At place In the
(State or country) Branch	of deathyrsmosds. Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(A) al on man of	Former or usual readence
(Informant) JAPIN V' Muyen	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Fullerters	Oph Hill any 14, 1931
15 Fil 2/11 10131 1017 F. F	20 UNDERTAKER ADDRESS
Filed 8/1/ 19201 Tung	Frank lo wuch Dong you walend
If more bianks ara neaded, addrais Stata Registrar	, 16 W. Saratoga St., Balto., Requasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state accupation at beginning of illness. If retired from should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Houseer," etc., Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Foreman, first line will be sufficient, e.g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs . Farm laborer, (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons (b) Automobile Laborerwho have no occupation factory. The material -Coal minc, etc. person, irrespective of Grocery,

Statement of Cause of Death—Name, first, the disease in Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus, VILLAGO,
"Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepeis, carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, American Medical A Examples: Accidental drowning; Struck by railroay traintions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by or intercurrent) Committee on dica Assectation.) Chronic statement of cause of valvular heart disease affection need etc. Nomenclature The contributory not be

If this artificated socked over the oughly and all quistions unswered in detail, it will be a further correspondence. All the last is easelful and right obtained vefore the certificate is permaneully filed.

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. 8. No. 1

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of occupation is very important, so that the relative healthor At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive engineer,

s; inal meningitis"); Diphlheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Lobar pneumonia, Bronchopneumonia ("Pneumonia, Typhoid fover (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-

> tctanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, atic), "Atrophy," "Collapse," "Coma," "Convulsions, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condistated unless important Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; L. shopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Whooping unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions



(N	)	PHYSI-
•	I KECORD	terms so that it may be proper. Classified. Exact instructions on hack of certificate.
BINDING	PERME	should be st
VED FOR BINDING	-THIS IS A PERMAN I KECORD	upplied. ACE terms so that

PLACE OF DEATH  County Baltimore	OS251 STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 3-2
Village or City Mt. Wilson (No. Tuberculos  2FULL NAME Christina Neill	is Sanatorium. St.: Ward)  Ward)  (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single (Write the word)	August 24th, 19281.
November 17th , 1888 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the decemed from May 30th, 1921 to August 24th, 1921, that I last saw her alive on August 24th, 1921,
### AGE    If LESS than   I day	and that death occurred on the date stated above, at 4 2 30 Aam. The CAUSE OF DEATH * was as follows: Pulmonary Tuberculosis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 9 yrs. 1 mos. ? ds.
9 BIRTHPLACE (State or country) Baltimore, Md.	Contributory NOME Secondary  (Dardion) yes most de.
10 NAME OF William Neill	(Signed). Aug. 24, 19231 (Address) Mount Wilson, Md.
OF FATHER Maryland (State or country)	*State the Disease Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary Heikel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
of Mother Maryland (State or country)	At place of death O.yrs. 2.mos. 25ds. In the State 47 yrs. 9 mos. 7.ds.
(Informant) Louis A: schuerholy  (Address) Liount Wilson, Laryland.	Where was disease contracted, Unknown if not at place of deals?  Extract of 228 Byrd St., Balto., I.d.  11 PLACE OF BURKL OR REMOVAL DATE OF BURIAL  CATALOGUE DE LEURING 8-27., 1931
Filedang 74 181 Dr. G. E. Micholes Registrar  If more banks are needed, address State Registrar	Margaret & Type 1422 destt St

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed us At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, ;, etc., Foreman, For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on Grocery;

Statement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

1931

permanently filed.

data is essential and must be obtained before the certificate is

apswered in detail, it will prevent further correspondence.

approved by Committee on telanus) may be stated under the head of "contributory." If this certificate is looked over thoroughly and all questions American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meusles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory affection need valendar heart Nomenclature of the not be disease;

		1PLACE OF DEATH	3	40 (19252
		PLACE OF DEATH		STATE OF MARYLAND
		County 19 allo		CERTIFICATE OF DEATH
			. 0	Registration Dist. No. 4
	Vil	llage or City Essel (No. 24	20	naest St.: Ward) (If death occur
cate		1 +00 Bit	1	a hospital or it ion, give its NAN stead of street
ITIC		2FULL NAME SULL - SURL	رر	/lemeller) number.)
cert		PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
0	3 5	SEX 4 COLOR OR RACE 5 SINGLE.		16 DATE OF DEATH Chighs 3
CK	1	halo W WIDOWED. OR DIVORCED		
De	8 5	DATE OF BIRTH		(Month) (Day) (Ye
0		aug 3 .9	31	august 3 193 august 3,1
Suo		(Month) (Day) (Ye	ear)	that Plast saw h in dead aucust 3, 1
CI	7 1	AGE     If LESS	than	and that death occurred on the date stated above, at
317		1 day		The CAUSE OF DEATH * was as follows:
E .		yrsmosds. orr	min.?	Unknown
299	(	a) Trade, profession or articular kind of work		1224. 00
. 1	-	b) General nature of industry	*******	100 m deal
tan		usiness, or establishment in rhich employed or (employer)		(Duration)yrsrnos
DOC	-	INTURE ACC	1	Contributory Secondary
Ε		(State or country) Essey, Balto, Co. Mg		(Duration) yrsnos
ery		10 NAME OF Chas. Neimiller		(Signed) Joseph a: Roseuflatt
> 0		11 BIRTHPLACE		(Address) 378 o'Sonnell
2	TS	OF FATHER COOK MA	14.1	
2	REN	(State or country)		*State the Disease Causing Death, or, in deaths fr Violent Causes, state (1) Means of Injury and (2) Whet Accidental, Suicidal or Homicidal.
<	PA	OF MOTHER Grace Meyers		BLENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)
5		13 BIRTHPLACE OF MOTHER  A A A		At place In the
3	ı	(State or Country) Dalto, Ma,		of deathyrsmosds. Stateyrsmos
5	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, if not at place of dea.h?
		(Informant) Chas, neimeller		Former or usual residence
		240-00:0000		19 PLACE OF BURIAL OR REMOVAL DATE OF BURI.
ומו	_	(Address) / Lovicent core		Sig Matthew Ceny ling 4. 1
	15	Filed Cong. 4 198/ John G. Connell	Ly	20 UNDERTAKER ADDRESS
	_	Registra	2	Beorge W. guner 1/3/C.

or, in in deaths from and (2) Whether Death, leans of Injury (For Hospitals, Institutions, Trans-In the State. ...mos. OVAL If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and

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(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswork, or At Home, and children, not gainfully emer," etc., without more present abover, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic valvular heart disease; nephritis, etc. The contributory affection need not be Nomenclature of the

V. S. No. 1

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ORD KACTLY, classified	Village or City Mt .

### DEATH

### 09253

### STATE OF MARYLAND

Village or City Mt. Wilson B  2FULL NAME Walter Norris	ranch, Md.  Registration Dist. No. 3 V  is Sanatorium St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Wildowed.  White Write the word)	16 DATE OF DEATH August 29th , 1981 (Month) (Day) (Year)
December 15th , 1881 , (Month) (Day) (Year)  7 AGE   If LESS than   I dayhrs.	I HEREBY CERTIFY, That I attended the deceased from August 25th, 1923l to August 29th, 1923l, that I last saw him alive on August 29th, 1923l, and that death occurred on the date stated above, at 1,40 A m. The CAUSE OF DEATH * was as follows:
49 yrs. 8 mos. 14 ds. or min.?  a OCCUPATION (a) Trade, profession or Miner particular kind of work (b) General nature of industry business, or establishment in Slete mine.	Pulmonary tuberculosis.  (Duration) ? yrs ? mos ? ds.
business, or establishment in which employed or (employer) Slate mine.  9 BIRTHPLACE (State or country) Harford County, Maryland. 10 NAME OF FATHER William Norris	Contributory Tuberculosis of kidneys secondary and bladder. (Dradion) 2 . mo. 1? ds. (Signed)
of FATHER C (State or country)  Maryland.	*State the Discase Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Maryland.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death O yrs. O mos. 4 ds.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  in the 49 yrs. 8 mos. 14 ds.
(Informant) Louis R. Schuerholy	Where was disease contracted, Unknown if not at place of deals?  Former or Whiteford, Harford County, Md. usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mt. Wilson, Md.  Filed ang 29 198/ Dr. C. G. Mchold.  Registrar	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

ployed. as At school, or At home. Care should be taken tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer, (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Cook to report specifically the occupations of persons enen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, r," etc., Foreman, For many occupations a Farm loborer, Loborer-(b) Cotton mill; (a) Salesmon. without more precise specification as Day (b) Automobile foctory. The material single word or term on -Coal mine, etc. Wom-Locomotive engineer, (6) Grocery;

Strtement of Cause of Death—Name, first, the DISEATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup!"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease etc. The contributory valvular heart disease;

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womfulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU V. S.

	WRITE PLANLY OF UNFADING	N. BEvery item of Information should be care	CIANS should state CAUSE CF DEATH in	
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V. S. No. 1

- Paragraphic State of the Stat	1PLACE OF DEATH	09255 STATE OF MARYLAND
	County Dalling	CERTIFICATE OF DEATH Registration Dist, No.
v	2FULL NAME Cleanorse Prani	Howe St.: Ward)  ORAM  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	funde while Single, MARRIED. Willowed OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6	ATE OF BIRTH  Seb 14 , 1853  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19231 to 19231, that I list say h Walive on 1923,
	78 yrs. 5 mos. 23 ds.   If LESS than   1 day hrs.   or min.?	and that death occurred on the date state above, ntm. The CAUSE OF DEATH * was as follows:
	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Julianis of his
	business, or establishment in which employed or (employer)	(Duration) 20 yrs. mos. ds.
9	(State or country)	Seeondary (Durstion)yrsmosds.
	10 NAME OF Replaced Hofkins	(Signed) washall B. Wast M. D. Our 6 1923 (Address) Catouruelle Migh
T N	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Q A Q	OF MOTHER Macyarle leylie	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14	(Informant) Mus Alwier Alberto	if not at place of death?  Former or usual residence.  Gallo-Med
	(Address) 3901 Dorohester Rol	Loudon Park aug 8, 1931
1	Filed 1923 Registrar	George & Smith Holling
=	If more blanks are needed, addre. Etate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, tired 6 yrs); For persons who have no occupation definite salary), may be entered as Housewife, Housework; or all Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write Nonc. business; that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Groeery; man, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consciuences (e.g., sepsis, letunus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee of Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
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"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny "PUERPERAL scplicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, etc. The contributory valvular heart disease;

MARGIN RESERVED FOR BINDING	TE PLA LY, "TH UNFADING INKTHIS IS A PERMANEN	om of Information should be carefully supplied ACE should be bound state CAUSE OF DEATH in plain terms so that it may be properties to the part of the plain terms of
	PLA LY,	of Information
	TE	me d

V. S. No. 1

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PLACE OF DEATH  County Baltimore  Sheppard and Enoch Pratt Hospital	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3			
Village or City Towson (No	Maryland St.: Ward) (If death occurred a heapitul or instance tion, give Ita NAME stend of street number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, Single OR DIVORCED (Write the word)	16 DATE OF DEATH  August 25, (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from			
June (Month) (Day) , 905  (Year' Tage   If LESS than I day hrs. or min.)  26 yrs. 2 mos. 7 ds or min.)  a occupation (a) Trade, profession or particular kind of work Stenographer	october 30 1/31 4ugust 25, 1/31.  that I last saw & alive on August 25, 1931 192 192 1931 192 1931 192 1931 1931			
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Belieview, Pa-  10 NAME OF FATHER William May Peach	Confributory Manic Depressive Psychosis  Confributory Manic Depressive Psychosis  (Signed) Auto Matter Matt			
IN BIRTHPLACE OF FATHER (State or country) Baltimore Co., Md.  12 MAIDEN NAME: OF MOTHER MATILIA ROLL  13 BIRTHPLACE OF MOTHER (State or country) Alleghany Co., Pa.	*State the Disrase Causing Peath, or, in deaths from Violent Cnus s, state (1) Mesns of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yre mos ds. State yre mos de			
(Informant)  (Address)  (Address)  Filed Aug 25 193/ W. P. Butter  (Registra)	Where was disease entracted of fluxules will will be former or result residence.  18 PLAGE OF BURIAL OR REMOVAL  20 UNDERTAKER  20 UNDERTAKER  217 ST ORULL  217 ST ORULL  217 ST ORULL  217 ST ORULL  227 ST ORULL  237 ST ORULL  24 ST ORULL  25 ST ORULL  26 ST ORULL  27 ST ORULL  28 ST ORULL  29 ST ORULL  20 UNDERTAKER  217 ST ORULL  218			

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Mever return 'Laborer,'" (Foreman," "Manager." "Deal-Civil engineer, Stationary framan, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive engineer, er., Without more, Laborer—Coal mine, etc. For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (a) the kind of work and also (b) the (4) tirocary;

whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (newer report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia.")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure." "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease telunus) may be stated under the head of "contributory." "PTERPERAL septicaemia," "PUERPERAL peritonilis," etc. causing death), 29 ds.; Bronchopmcumonia (secondary), carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Corna," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage or intercurrent) affection need not Chronic Carcinoma, valvular heart Nomenclature Sarcoma,, disease; etc., of

BINDING

MARGIN RESERVED FOR

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD TH UNFADING INK--THIS

WRITE PL

	PLACE OF		5	3/, 7			
	or City_		anı	I,No	•		
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PI	ERSONAL	AND ST	ATISTIC	AL PA	RTICU	LARS	
3 SEX	7 40	OLOR OF	1/	MARRI WIDOW OR DIY (Write	D. d	ingly	1
6 DATE	OF BIRTH						
	# O # Web (	Do	(Month)	Ko	Day)	(Year)	tl
7 AGE						If LESS tha	n a
ato	17	yrs.	m	oa	ds.	I day hr	
particu (b) Ge busines	ade, profess lar kind of neral nature ss, or establi employed or	work of indus shment in	1	20	n		
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F 0	IRTHPLACE F FATHER (State or coun			ne		/	
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13 B	IRTHPLACE F MOTHER (State or coun			Zn	d	/ /	A
	ormant)	UE TO TH	O C	n	howle	DGE	if F.
	(Address)	S	an	1	2	ty	15
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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3/

St.:Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
************************	•

16 DATE OF DEATH	aug	27, 193/
************	(Month)	(Day) (Year)
17 I HEREBY O	CERTIFY, That I a	attended the deceased from
any	192 7. to C	ing 2) ,18/,
that I last say her	alive on	m 27 , 1981.
and that death occurre The CAUSE OF DEATH	d on the date stat	ed above, at 8 m.
THE CAUSE OF DEATH	was as follows:	
Chr. Dal	onlas &	unt breeze
		***************************************
	(Duration)	Z yre mos de.
Contributory Secondary	main	x 4
(Signed) Has aug 27.1981	(Address) . The	2 yrs mos do.
* tate the Dise Violent Causea, state Accidental, Suicidal or	e (1) Means of Homicidal.	h, or, in deaths from Injury and (2) Whether
18 LENGTH OF RESI		pitals, Institutions, Trans-
At place of deathyrsmos	ds. In t	he tatede.
Where was disease contractif not at place of death?	cted,	
Former or usual residence		
19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
Stan	Cumby	Olin 29, 19 B. L
ac HALDEDTAKED	7	ADDRESS

MEDICAL CERTIFICATE OF DEATH

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

laborer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., should be used only when necded. As examples: (a) additional line is provided for the latter statement; it ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of occupation is very important, so that the relative health-Physician, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material Grocery; Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, approved by (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Inanition," "Marasmus," "Old Age," "Shock, American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. chopneumonia (secondary), stated unless important inges, perilonaeum, etc., Carcinoma, Sarcoma, étc., of (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09258
1. PLACE OF DEATH	(165)
County Bello	Registration Dist. No.
Village or City Mesocle	No./6Dreherall st., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a Korpital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?
2. FULL NAME GENYN RIGHT	
(a) Residence: No. 16 Dune	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed- or divorced	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, widowed or divorced HUSBANO of (or) WIFE of Mulsky a Richard	22.   I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) Appl 5- 1852	Flast saw harral alive on, 19 ; death is said
78 Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at. 8
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Strawaulation sauced
9. Industry or business in which work was done, as SILK MILL,	0.0
SAW MILL, BANK, etc	Ly havging-sucide
yaar) Occupation	Other Contributory Canaco of importance:
12. BIRTHPLACE (city or town) Derwy	
13. NAME/Wholes Rebrie	
14. BIRTHPLACE (city or town)	Name of operation Oata of Oata of
(State of coulds)	What test confirmed diagnosis? Was there an au opsy?
15. MAIOEN NAME ISLANDING WAR STORM TO THE STORM THE STO	Accident, suicide, or homicide? Date of Injury Date of Injury occur? (Specify city or town, county and State)  Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Selfyly Date 1921	Manner of Injury Arange Malare of Injury Arange Malare of Injury
19. UNOERTAKER LANGE VICENTIA PERUNA UN	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Aug 3 , 19 31 Dr. E. E. Michals Registrar.	(Signed) (Address) Orlander (M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

hr. Molla

IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEA should County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and pumber) PHYSICIANS Length of residence in city or town where death occurred. How long in U.S. il of loreign birth? statement 2. FULL NAME (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) CTL (Month) (Year) classified. 5a. Il married, widowad, or divorced HUSBAND of CERTIFY That I attended deceased from (or) WIFE of E 6. DATE OF BIRTH (month, day, and year) ertificate properly 7. AGE Years Months Oavs If LESS than to have occurred on the date stated above. stated 1 dey. The PRINCIPAL CAUSE OF DEATH and related causes of Importance min. wera as follows Oate of onset 8. Trade, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... may plnous 9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc .... INK it 10. Oate daceasad last worked at 11. Total time (years) this occupetion (month and spant in this that occupation \_ instructions UNFADING Other Contributory Causes of Importance 08 12. BIRTHPLACE (city or town) (Stete or country) supplied. terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town plain (State or country) be carefully What test confirmed diegnosis? Was thera an autopsy? OTHER important. 15. MAIDEN NAME 23. It daath was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_, 19. DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnods 17. INFORMANT very OF (Address) 18. BURIAL CREMATION. -WRITE Mennar of injury AUSE Ul 10 1931 mation Nature of injury LION 4. Was disease or (Address) Il so, specify (Signad) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

Z

20. FILE day 10 , 1931

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(33)
County Baltimore	Registration Dist. No. 9-38
Village or CitEUDOWOOD SANATORIUM, TOWSON, A	un
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stilling Street	" Hock
(a) Residence: No. 3501 Leveston as	VESt., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced	0
HUSBAND of Cock	22. OI HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and yeer) Oct 11, 1878	I last sew hem alive on duy
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the dete stated ebove, et
32 -9 - 28 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Tulmoney Tuberacles Tet 143,
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
Uni 10. Dato deceased lest worked at 11, Total time (years)	
this occupation (month and - spant in this - occupation -	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME Warren Rock	
E	Name of operation Date of :
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? The was there an au'opsy?
15. MAIDEN NAME Walen Insible	23. If death was due to external causes (VIOL ENCE) fill in also the following:
± 6 0 1	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) 6 cug land.  (State or country)	
Hospital RecordsPersonal History	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) DOWOOD SANATORIUM, TOWSUN, MU.	M
Place Described Heur toate aug 12 193/	Manner of injury
SO 10	Nature of injury
19. UNDERTAKER Lilly + July Mrg.	24. Was disease or injury In eny way releted to occupation of deceased?
(Address) GO3 TO (Mole)	If so, specify

(Ardress) Eudowood San., Towson, Md. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed).

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	146	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit's	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
12 1931			
Other contributory causes of importance:		Other contributory eauses of importance:	
Other contributory causes of importance:  Gallstones	May 1,1923	Gastroenteritis	1 year
		Committee of the second	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OCCUPA should item of Every PHYSICIANS statement CORD. Exact Y. PERMANENT TIZ BINDING classified. M certificate. properly FOR stated S THIS ARGIN RESERVED Jo should it may UNFADING INK instructions on AGE that 80 supplied. in plain terms. See mation should be carefully very important. CAUSE OF DEATH -WRITE rion is

state

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Address) Demin

Registrat.

09261	
St, Wa	rd

1. PLACE OF DEATH Village or City (If death occurred in a hospital or institution, give its NAME instead \_ds. How long in U, S, if of foreign birth? Length of residence in city or town where deeth occurred (a) Residence: No. Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO ot (or) WIFE of nargarel 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Days or .... min. 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et 11. Total time (years) spant in this this occupation (month and occupation\_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION. Manner of Injury Neture of injury. 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

If nonresident give city or town and State

Registration Dist. No

	0.1	7	(Month)	(Day)	(Year)
	IHE	REBY	CERTI	FY. That t atten	ded deceased from
			19, to		, 19
				, 19	
o have	occurred on the	date state	l above, at	m.	
he PR	INCIPAL CAUS	E OF DEAT	H and related ca	uses of importance	
					Oate of ons
Loi	ancer	of_	Stom	ach.	
Other (	Contributory Cau	ses of impo	rtance:		
Name o	of operation			Date	of

(Specify city or town, county and Stata)

20

20. FILED Carry.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RECENTED	July 5,1927	Peritonitis	3 days ago
	AIG 6 1931			
Other contributory ca	BURNAU V. S.		Other contributory causes of importance:	
Gallstones	BUMMAO	May 1,1923	Gastroenteritis	1 year
	i asperator and			

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS

statement

Exact

classified.

certificate. properly

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See instructions on

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AGE should

supplied.

CAUSE OF DEATH in plain terms,

TION is very important.

mation should be carefully

-WRITE PLAINE

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100						

1	PLACE OF DEATH		92-0	21
/	County Bal hun	ne	Registration Dist. No.	)/
	Village or Cit Randal	letour	No. St	-
2	Length of residence in city or town where  FULL NAME  (a) Residence: No Your A		death occurred in a hospital or institution, give its NAME instead of street and nutries.  ds. How long to U.S. if of foreign birth?  yrs.  mos.  St Ward.	
10100720		(Usual place of abode)	If nonresident give city or town and St	tate
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. 5	Fm	S. StNGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 / (Ye
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	kuller	22. I HEREBY CERTIFY, That I attended de	eceese
6. I	DATE OF BIRTH (month, day, and year)	1.22/861	I last saw h A alive on Rung 5 1921;	death
7. /	GE Years Months	Deys If LESS than 1 day, hrs. or min.	to have occurred on the date steted above, at	Date o
PATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	477	Che. Vah. Hrt. Sis,	
2000	SAW MILL, BANK, etc	30   11. Total time (years) spent in this occupation 40	Other Contributory Causes of Importance;	
12.	(State or country)	aug		
ER	13. NAME and The	als \$		
FATHER	14. BIRTHPLACE (city or town) (State or country)	in and	Name of operation Date of Was there an aul	loney?
ER	15. MAIDEN NAME	4 Merit aura	23. If death was due to external causes (VIOLENCE) fill in also the following:	ops):
MOTHER	16. BIRTHPLACE (city or town)/-/(State or country)	nam	Accident, sulcide, or homicide? Oate of Injury	Ĺ
17.	INFORMANT AND Schl (Address) Range	eyly o	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	E.
18.	BURIAL, CREMATION, OR REMOVAL Place A CAMPAGE	Date 8 19.3	Manner of injury	
19.	UNDERTAKER (Address) / 2 / 7	Paul St Ballo	24. Wes disease or Injury In any way releted to occupation of deceased?	
	aut- Bl m	A. Ph. Ihres	(Signed) May 2 Mulling	

	If nonresident give city or town and State
MEDICAL	CERTIFICATE OF DEATH

(Year)

Date of onset

hat test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_\_

ccident, sulcide, or homicide?\_\_\_\_\_\_ Oate of Injury\_\_\_\_\_, 19\_\_\_\_ here did injury occur?\_\_\_

lanner of injury

Registrar.

## UNITED STATES STANDARD CERTIFICATE OF DEATH

who had no occupation whatever write none, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write homsewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can de known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

BU	RE	AU	V.	S.

9.-The industry or business in which the work was done. 8.—The trade, profession, or particular kind of work done. To be complete, an occupation return must state:

11.-The number of years the deceased followed the occupation. 10.—The month and year the deceased last worked at the occupation.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State he particular kind of work done and return that, as spinner, weaver, etc. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "onerative," etc. Wind

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of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

Other contributory causes of importance: Gallstones	ESGI, I yaM	Other contributory causes of importance: Gastroenteritis	I year
Cerebral hemorrhage	LZGI'g fign f	Perdondis	3 quils edo
Chronic interstitial nephritis	1261	Run over dis etreel car	I week ago
Arlerioselerosis	9161	Hisdopide of chips of the history	I neek ago
The principal cause of death and related causes of importance were as follows:	Jeano to etsd	The principal cause of death and related causes of importance were as follows:	fesho to efsQ
Exsmble 1		Example II	

VDDILIONVE SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PL

Z

PLACE	OF DEATH
County 13	altimore and

09263

## STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No. 38
Village or City July (No. Presbyte	Than How St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Ollanor Dinny	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femall White Single, MARRIED, Single OR DIVORCED (Write the word)	16 DATE OF DEATH QUE V , 1981
6 DATE OF BIRTH  April 14, 1840  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 195 to all 4 195 to that I last saw h w alive on all 4 193 to 193
7 AGE  91 yrs. 3 moe. 2.2 ds. or min.?	and that death occurred on the date stated above, at 7-40 2m. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or at Comul	Glasleyis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. 7 ds.
10 NAME OF FATHER Williams Simms  11 BIRTHPLACE  (State or country)  12 BIRTHPLACE  (State or country)	Secondary  (Durstion)  (Signed)  (Signed)  (Address)  (Address)  (Durstion)  (Aug. 5)  (Address)  (Address)
OF FATHER  (State or country) Seatland  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Malital Laury  13 BIRTHPLACE OF MOTHER (State or country) Scotland	18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	where was gisease conflicted, if not at place of death?
(Informant) Records of the Horne (Address)	usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  LA CLASSICAL AND LEVEL AND T. 1931
15 Filed Queg 7 190/ With Settler	Chas. S. Black 742W North

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Frest & E

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to, report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Weakness," etc., when a definite disease "Haramia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bra chopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Deblity" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiig cough; Chronic valvular heart disease, interstitial nephritis, etc. The contributory resulting from childbirth or miscarriage as

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filled.



KCTLY. PHYSICIANS	d. Exact statement of
AGE should be stated EX	t may be properly classifie ack of certificate.
N B. Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
Z	

County Baltimore	09264 STATE OF MARYLAND CERTIFICATE OF DEATH
Catonsville  Village or City (No. 69 Edmondso  PALLAS SMALLWOOD	Registration Dist. No.  On Ridge Road St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed or Divorced Married (Write the word)	August, 26th. (Month) (Day) (Year)
G DATE OF BIRTH 27 (Day) , 1 866 (Year)	that I last saw home allow on Que 26, 1913/,
TAGE  If LESS than 1 day, hrs. OR mid.2	and that death occurred on the date stated above, at 3.40 m.  The CAUSE OF DEATH * was as follows:  Cerebial hemmyhase.
(a) Irade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)	(Burelton) yrs mee/6 de,
* BIRTHPLACE (State or country:) Howard Co. Maryland	Secondary Secondary
10 NAME OF OUR SMAllwood	(Signed) Test A. Rugge M. B.
II BIRTHPLACE OF FATHER (State or country)  Md.  12 MAIDEN NAME OF MOTHER OF MOTHER	State the Disease Causing Death, of Tribally from Villet Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal.
Rebecca Hepsley  13 BIRTHPLACE OF MOTHER (State or country)  Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 5 of death yre. mee. ds. Stete, yre mes. de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Mr. Earl Smallwood	Where was discase contracted, if nel et piece of deeth?  Former ar esual roaldence Catonoville, Md,
(Address) 69 Edmondson Ridge Road	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. Johns Cemetery City Aug. 29th, 19131. 29 UNDERTAKER ADDRESS A
16 more blanks are needed, address State Registrar 1	6 W. Saratoga St., Bolto., Beguesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Cenaus and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, Physiupplies to each and every person, irrespective of age. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING BEATH, who receive a definite salary), may be entered as Houseonly when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill, (a) Salesman, (b) Gracery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in many cases, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa--Coal mine, etc. Compositor, very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Architect, Locomotive engineer, Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid phenmonia"); Lobar phenmonia franchopmenmana ("Prenmonia"); Lobar inclefinite); Tuberculasis of lungs, meninnagalified. is indefinite);

on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as "PUERPERAL perilonitis," etc. on statement of cause of death approved by Committee and consequences (e. g., sepais, lelanus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Heart failure," "Haemorrhage," "Inanition, genital," "Senile," etc.), "Dropay," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), Example: Measles (disease causing death), 29 de.; Bronrent) affection need not be stated unless nephrilis, etc. cough; Chronic valmular heart disease; Chronic interestition "Tumor" for malignant neoplasms); Measles; Whoeping or miscarriage as "PUERPERAL "Old Age," "Shock," "Uraemia," "Weakness, by railray Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intereurtrain-accident; Revolver Examples: Accidental drowning; , 10 de. State cause for which Never "Exhaustion, septichaemia," report mere ACCIDENTAL, " " Maras-1mportant prenon

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence All the data is essential and must be obtained before the certificate is permanently filed.

SEP 5 193

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT KORD. Every item of information should be carefully supplied. AGE should be stated EXAGALY. PHYSICIANS should state mation should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	19265
1. PLACE OF DEATH	(93.2)	2
County Dallymon	Registration Dist. No.	20
/ Village or City Catonsville	ND. St., If death occurred in a hospital or institution, give its NAME instead of street as	Ward
	s. 2/ ds. How long in U.S. If of foreign birth? yrs.	
2. FULL NAME Jesse Smith		
(a) Residence No. 4500 Carlview for	St., Ward.	
(Usual place of abode)	1f nonresident give city or town	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	4
3. SEX 4. COLOB OR RACE OR DIVORCED (write the word)  Male  Mule  Mule  S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month)  Day)	, 193 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leading L Smith	22. CHEREBY CERTIFY, That I attend	ded deceased from
C DATE OF BIRTH (most) down and May 24.1849	Hast saw have alive on Carry with - 193	death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days 1/LESS than	to liave occurred on the date stated above, atm.	, 000000 75 3010
(1) (1) day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence	and the same
8. Trade, profession, or particular	were as follows:	· Date of onset
kind of work done, as SPINNER of A SAWYER, BDOKKEEPER, etc.	la wouldes l'éleveres	1624
9. Industry or business in which	1000	
work wes done, as SILK MILL, SAW MILL, BANK, etc.		
1D. Date deceased last worked at this occupation (month and year)		
12 DIRTHRI ACE (situat tours)	Other Courributory Causes of Importance	6 2 16
12. BIRTHPLACE (city or town) (State or country)	wall millimany talent	May 2=13
13. NAME Nathan Smith	1	
13. NAME Author Somety  14. BIRTHPLACE (city or town)	Neme of operation Date o	)f
(State or country)	What tast confirmed diagnosis? Was there a	an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the follow	wing:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?	
17. INFORMANT Lathon South	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATIDAT OR REMOVAL	Menner of injury	
Place Mt Carmel Cempate 9/19 ,1931	Nature of injury	
19. UNDERTAKER Filmon (ook)	24. Wes disease or injury in any way related to occupation of deceesed?	ho.
(Address) Balty on May	If so, specify \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
H' All	(Signed) Year - walland	
20. FILED 7, 195 Registrar.	(Address) - 7117 houghout L.	*****
If more Manhe are placed, addres State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. V.	

## UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
	3		
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor
	1		

ADDITIONAL SPACE FOR F	FURTHER S	STATEMENTS	BY	PHYSICIAN
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BINDING PERMAN V FOR TH UNFADING INK--THIS IS MARGIN RESERVED

WRITE PLA

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD

	PLACE OF DEATH  County Ballimore	9209266 STATE OF MARYLAND CERT!FICATE OF DEATH			
ficate.	Village or City Middle River (No. Calleine Paris Clara 2	Registration Dist. No. 44  Mard) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)			
erti	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
back o	S SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED. WIDOWED. OR DIVORCED (Write the word)  February 6, 1916	16 DATE OF DEATH (Month) (Day) (Year) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192			
nstruction	/ (Month) (Day) (Year)  7 AGE  / S	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:			
portant. See	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.  Contributory Secondary			
ION is very im	(State or country) Sallwal Manyland  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  W 12 MAIDEN NAME	(Signed) (Si			
statement of OccupA	OF MOTHER Cuquela Stoliuski  13 BIRTHPLACE OF MOTHER (State of Country) Solliusve Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs			
	(Informant) W. I Leman Shitbleger  (Address) 20 1 1. Vol de  Filed ang. 27 1981 Any & Connelly  Registrar	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  LUG 30, 19 31  20 UNDERTAKER  APDRESS  JOURNAL  APDRESS  APDRES			
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servint, Cook, Housemuid, etc. If the occupation has been changed household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Farm laborer, Laborer—Coul minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as For persons who have no occupation 6 Stationary fireman, etc. But in many Automobile foctory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "('roup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"(Exhaustion," "Heart ramus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "' Uraemia, '' "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid petanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic etc. The contributory valvular heart disease; affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

Exact

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item

Every it

## STATE OF MARYLAND CERTIFICATE OF DEATH

10

(Year)

Registration Dist. No.

(If death occurred in

0	tion, give its NAME In stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH (1923)
_	(Month) (Day) (Year)
V	I HEREBY CERTIFY, That I attended the deceased from
0	that I last saw halive on
n	and that death occurred on the date stated above, at 5.30 Am.
3. ?	The CAUSE OF DEATH * was as follows:
-	
	(Duration)yrsmosde.
	Contributory Secondary
-	(Duration) yrs mos ds.
	(Signed) M. D.  1927/ (Address) Cluster Cly
	*State the Piscase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether
-	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
0	At place of deth
1	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
	19 HACE OF BURIAL OF REMOVAL DATE OF BURIAL
-	20 UNDERTAKER ADDRESS 19.8
-	Caston Sous Blued Co

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUCKPERAL seplicaemia," "PUERPERAL perilonilis, diseases/resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ORD. Every item of infor-PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R ARGIN RESERVED FOR BINDING. TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	268
1. PLACE OF DEATH	(91) · Bathan	
County Balto.	Registration Dist. No.	2
Village or City arbutus	No. Carroll Place St.	Ward
	f death occurred in a horpital or institution, give its NAME instead of street and r  ds. How long in U.S. If of foreign birth?	
2. FULL NAME Elizabeth Strass		vsus.
Q1 10 D1	St. arboratus Balto & 7	ud
(a) Residence: Np. Carroll Maea (Usuai place of abode)	St., If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Famale White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	, 193 /
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Predanch Shasser	22. 1 HEREBY CERTIFY. That I attended aug. 1. 1981, to aug 8.193	
6. DATE OF BIRTH (month, day, and year) Van 254 1850		; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 449.in.	
8 / 6 /3   1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	I Day of the same
8. Trada, profession, or particular kind of work done, as SPINNER, House work to SAWYER, BDDKKEEPER, etc.		Data of onset
9. Industry or business in which work was done, as SILK MILL,	Heat hehauston.	8.1.3/.
SAW MILL, BANK, etc  10. Data deceased last worked et this occupation (month and year) year)		
12. BIRTHPLACE (city or town)	Other Coutributary Causes of importance:	
(State or country) Term and		
13. NAME Heury Gartuar	age	
14. BIRTHPLACE (city or town) Grunauly	Name of operation Date of Date of What test confirmed diagnosis? Clinical analy Was there an a	utoney? M
15. MAIDEN NAME Katherine Heischman	23. If death was dua to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME (atkerine theschman)  16. BIRTHPLACE (city or town)  (State or country)  (State or country)	Accident, suicide, or homicide? Data of injury Whera did injury occur?	
17. INFORMANTES Margaret Hillman	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Control 8/11/, 19.3/	Manner of Injury	
19. UNDERTAKER Win Cook (Address) /2/7 St Paul St	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED Aug 9 , 1931 De Smleefer Registrar.	(Signad) Philip N. Jouler (Address) 1432 Wellian	M. C
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

## UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	of onset
Arteriosclerosis 19	915 Attack of epilepsy 1 w	veek ago .
Chronic interstitial nephritis	921 Run over by street car 1 w	ceek ago .
Cerebral hemorrhage July	5 1927 Perilonitis 3 d	ays ago.
Other contributory causes of importance:  Gallstones  May	Other contributory causes of importance:  1828 Gastroenteritis  1	year,
ADDITIONAL SPACE FOR R	URTHER STATEMENTS BY PHYSICIAN	
	The second secon	

MARGIN RESERVED FOR BINDING

PLACE OF DEATH County Calleman	STATE OF MARYLAND CERTIFICATE OF DEATH
<b>A O O O</b>	Registration Dist, No. 35
Village or City Oashelm R.S. (No	St.: Ward)  (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE B SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	is date of Death Queg 95, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  (Monphy (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at 4,300 mm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Jugular Vein Seuced  Outsmobile accident on york Road, three miles  Contributory surgery of the wife.
10 NAME OF FATHER LENG & Therman.  11 BIRTHPLACE OF FATHER	(Signed) Della Jacob M. D. Cang 9: 1981 (Address Did Jacob Cod)
(State or country) Maryland  12 MAIDEN NAME OF MOTHER  OF MOTHER  (State or Country)  ONA  (State or Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfert ients or Recent Residents)  At place of death
(Informant) Secret My KNOWLEDGE	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 38/8 Colater Har	1422-8. 25 Sh. Deef-10, 18/
G CO Registrar	r 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when necded. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queser," etc., without more process and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; i nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. (b) Automobile factory. The materia single word or term on (b) Grocery

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary). use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) tetanus) may be stated under the head of "contributory." ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over the populy and all questions answered in detail, it will prevent turbe correspondence. All the data is essential and much be obtained before the certificate is permanently not

KA ECELT VED

1. PLACE OF DEATH County Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town where death occurred ds. How long in U.S. if of foreign birth? PHYSICIAN If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married (Month) 5a. If married, widowed, or divorced HUSBAND of 22. ERTIFY. That I attended deceased from (or) WIFE of ertificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 0avs If LESS than to have occurred on the date stated abova, at stated The PRINCIPAL CAUSE OF DEATH and ralated causes of importance nin. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, THIS SAWYER, BOOKKEEPER, etc ..... 9. Industry or business in which may should work was dona, as SILK MILL, SAW MILL, BANK, etc .... 10. Date deceased last worked at 11. Total tima (years) this occupation (month and spent in this occupation instructions 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13, NAME 14. BIRTHPLACE (city or town) plain (State or country) should be carefully Was there an autopsy?... MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?. (Specify city or town, county and State)
Specify whether Injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE. very OF 18. BURIAL, CREMATION, OR -WRITE Manner of Injury CAUSE mation TION Natura of injury 24. Was disease or injury in any way related to occupation of deceased 19. WNOERTAKER (Addrass) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

ARGIN RESERVED

S. No. 1

## UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	L LON	1915	Attock of epilepsy	1 week ogo	
Chronic interstitiol nephritis	SE 3 13	1921	Run over by street car	1 week ogo	
Cerebrol hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ogo	
Other contributory causes of	importance:		Other contributory causes of importance:		
Gollstones		May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS t statement of	Cour	Dol.	of DEAT	Н			
PHYS	Villa	ge or City		(No	Windso		
EXACTLY P		· 2 FU	LL NAME	Wi	llia	m H. Ti	manus
XX	PERSONAL AND STATISTICAL PARTICULARS						
clas	3.se	x' ale	4 COLOR OR RACE		5 SINGLE, MARRIED, Widowed OR DIVORCED (Write the word)		
uid be sta properly rtificate.	6 DA	TE OF BIRT	н		1 (77)	we the word)	
should y be pro f certifi	e :=		600000000000000000000000000000000000000	May (Mor	nth)	22 (Day)	, 118
AGE sh t it may b back of	7 AG	Ε	71 yrs	2		15ds.	If LESS 1 day, OR mi
be careful y supplied.  n plain terms, so that See Instructions on b	pai d bus whi	CCUPATION ) Trade, profess riticular kind of ) General naturationss, or asta ich employed (c  RTHPLACE (State or coun	werke of industry bilshment in or employer)	C.	E.	Deitz	
0.630		10 NAME O	F	Edwar	d Ti	manus	
Shorta	ENTS		FER (country)	Ma	ryle	ınd	
of D	PAR	12 MAIDEN OF MO	THER			Gr	imes
CAUSE OF		OF MOT (State of	HER or country)	Mar	ylar	nd	
Every item of itshould state CA		(Informant)	Mr. P.		anus		EDGE
M # O	10	Ti. C.	31	1	(PS	16.	-

0327

Windsor Mill Road

71860. (Year)

If LESS than 1 day, hrs.

OR min. ?

REGISTRAR

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ill Road St; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH August 7 (Month)	1931 , <b>botx</b> (Day) (Year)
that I last saw h. im. alive on and that death occurred on the date sta	9 7 195/,
The CAUSE OF DEATH * was as follow	<b>\$</b> :
Contributory Secondary	
(Signed)	berty Heights Andrews
18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENCE) At piace la the ef death yrs. mas. ds. State, I. Where was disease contracted, if not at place of death? Former pr usue! rosidence	ifgs. mes de.
19 PLACE OF BURIAL OR REMOVAL  M. Olive Cematers	baje of Burial Ug. 10 110131
TO UNDERTAKER OF TO STATE OF THE PROPERTY OF T	1003 West

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health American Public Health Americanion.]

applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line For many occupations a single word or term on the ness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to Statement of Occupation-Precise statement of occupa--Coal mine, etc. very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia of lunga. memberunqualified. is indefinite); Tuberculesis of lunga. memberunqualified.

on Nomenclature of the American Medical Association.) SUICIDAL, or HOMICINAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: mus," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 de.; Bronrent) affection need not be stated unless important. sough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Wheeping (name origin; "Cancer" is less definite; avoid use of head-homicide; Poisoned birth or miscarriage as "Old Age," "Shock," "Uraemia," "Weakness, Always qualify all diseases resulting from child-(merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intereur-"PUERPERAL septichaemia," by carbolic acid-probably State cause for which "Atrophy," "Colmound of

If this certificate is looked over thoroughly and all quetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

receive a definite salary) may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-Statement of Occupation Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None. Women at home, who are engaged in the duties of the household only (not paid Housekcepers who Stationary Fireman, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore account of the disease causing death, state occuwithout more precise specifications, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., mobile factory. The material worked on may form e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, respective of age. For many occupations a single The question applies to each and every person, ir pation at beginning of illness. If retired from word or term on the first line will be sufficient, Never return Day

definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid nnoumous nia"); Lobar ways the same accepted term for the same diswith respect to time and causation), DISEASE CAUSING DEATH (the primary culosis of the langs, meninges, peritoneum, etc. ("pneumonia," unqualified, is indefinite); Tuber-Statement of Cause of Death.—Name, first, the Examples: Cerebrospinal fever (the only fover (never report "Typhoid pneumopneumonia; Broncho-pneumonia using alaffection

> genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage consequences (e.g., sepsis tetanus) may be stated under the head of "Contributory." soned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and dental drowning; Struck by railway train-acci-dent; Revolver wound of head-homicide; Poicidal, Homicidal, or as probably such, if impossible to determine definitely. Examples: Acci-MEANS OF INJURY and qualify as ACCIDENTAL, SUIas "Puerperal septicemia," "Puerperal peritoni or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Constated unless important. Example: Meastes (disease causing death), 29 ds.; Broncho-pneumonia interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (distion was undertaken. For violent deaths state tis," etc. State cause for which surgical opera-Carcinoma, Sarcoma, etc., of . . . . (name ori-gin "Cancer" is less definite; avoid use of "Tuing cough, chronic valvular heart diseasc; Chronic mor" for malignant neoplasms); Measles; Whoop (secondary), 10 ds. Never report mere symptoms

diseases, without explanation as the sole cause formation which may give any of the following Certificates will be returned for additional in-

Abortion, Erysipelas, Childbirth, Convulsions, Cellulitis,

Necrosis, Miscarriage, Meningitis, Hemorrhage, Gangrene,

Tetanus. Septicemia, Pycmia, Phelbitis, Peritonitis,

The following must be referred to a Coroner:

indirectly due to same. tions (if induced), whether death is directly or possibly involved): Suicides, Homicides, Abor-Deaths due to accident (if criminal negligence TARGIN RESERVED FOR BINDING

V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH 19273				
1. PLACE OF DEATH	30			
County Baltimore	Registration Dist. No. 23			
Village or City Ruhl	NoSt 🔏Ward			
Length of rasidance in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs			
01111 -	HARRIS-			
2. FULL NAME Still Same				
(a) Residence: No. (Usual place of abode)	St., Ward. ()  If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Smale Single, MARRIED, WIDOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH aug. 6 - 193 / (Year)			
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded daceased from			
6. OATE OF BIRTH (month, day, end year) and 6-1931	l iast saw h alive on, 19; death is sald			
7. AGE Yaars Months Days If LESS than	to have occurred on tha data stated abova, atm.			
fill Bow or min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance wara as follows:			
8. Trede, profession, or particular	Date of onset			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1000			
9. Industry or business in which work was done, as SILK MILL,	Aul Bom.			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date daceased lest worked et this occupation (month end year) occupation	(3- Mo. Gestahin)			
12. BIRTHPLACE (cily or town). Maryland.	Other Contributory Canos of Importance:			
(State or country)				
14. BIRTHPLACE (city or town) Maryland.				
4. BIRTHPLACE (city or town) Ray (aud. (Stala or country)	Name of operation Date of			
	What tast confirmed diegnosis? Was thera an autopsy?			
H COLL PARTIES	23. If deeth was dua to external ceuses (VIOL ENCE) fill In also tha following:			
O I6. BIRTHPLACE (cily or town)	Accident, suicide, or homicide?Oate of Injury, 19			
17. INFORMANT.  (Address) Or. (7700 COV. T. A.C.) IX A.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMANIAN, OR PEROVAL	Mannar of injury			
Pieca Dale 44 6 , 193/	Natura of injury			
19. UNDERTAKER Vernon Tracely	24. Was disease or injury in any way ralated to occupetion of daceased?			
(Address) Freeland Mad	If so, specify			
20. FILED Chiq le 193/ Samuel & Miller	(Signad) M. D.			

## UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	000		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH rated EXACTLY, Properly classified. certificate. **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS S SINGLE MARRIED.
WIDOW DE OR DIVORCED
(Write the word) may be n back 6 DATE OF BIRTH uo rms so that instructions (Month) If LESS than 7 AGE I day hrs BOCCUPATION In tel (a) Trade, profession or particular kind of work (b) General nature of industry important. business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country 10 NAME OF FATHER 11 BIRTHPLACE RENTS OF FATHER (State or country) 12 MAIDEN NAME 4 OF MOTHER Every item of inform CIANS should state statement of OCCUP. 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:Ward)		occurred in
1115	tion, give i	ts NAME in

number.)

Marrien, magle or Divorced	16 DATE OF DEATH MIRWY 192
(Write the word)	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
Million	
Junewowa 1	that I last saw halive on, 192,
(Month) (Day) (Year)	
If LESS than	and that death occurred on the date stated above, at
l dayhrs.	The CAUSE OF DEATH * was as follows:
Lyrs. mos. ds. or min.?	Was found in the screen, of
	the serverage disholal plant
ssion or	
of work	at y awson
olishment in	(Duration)yrsmosds.
or (employer)	
	ContributorySecondary
y) Machine	
Langer Pool	Duration yrs mos de
()/ 6	(Signed) A Raule Pollonies.
Auguoun	192 (Address)
E ,	The Continue Death on in deaths from
untry)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AME A	
Mukupun	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ients or Recent Residents)
	At place of deathyrsmosds.
untry)	Where was disease contracted,
TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dee.h?
	Former or
	usual residence
*** 100 0 1 1 2 1 1 1 2 2 1 1 1 1 1 1 1 1 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
3)	Survey Plant at Inozow Aug 11. 131
11 11 11 11 -1	20 UNDERTAKER ADDRESS
11 1931 Wir , Deflew	11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
De Registral	James Libeau Towolow
If more banks are needed, addres State Registra,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MEDICAL SERTIFICATE OF DEATH

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken state; occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary, may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it whatever, write None. tired. 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemond, etc. If the occupation has been changed er," etc., without more precious armine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons ento know (a) the kind of work and also (b) the For many occupations a single word or term on Compositor, For persons who have no occupation Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EAS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal lever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." approved by carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Committee on Chronic etc. valvular heart Nomenclature of the The contributory not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County B	F DEATH	92-0	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City	atousville (No. 71	7 Educadan	Registration Dist. No.  August St.: Ward)  (If death occurr a hospital or in tion, give its NAM stead of street number.)
PERSONA	L AND STATISTICAL PARTICUL	LARS M	EDICAL CERTIFICATE OF DEATH
3 SEX 4	COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DI	(Month) (Day) (Ye
6 DATE OF BIRTH	(Month) (Day)	(Year) that I last saw	REBY CERTIFY, That I attended the deceased 27 1925 . to arrays 2 , 15
7 AGE	G 4 20		occurred on the date stated above, at 7,000 DEATH * was as follows:
(a) Trade, profe particular kind (b) General natu	of work	Clum	ue convenido
business, or estal	blishment in		(Durstion) Cultural
business, or estal which employed  9 BIRTHPLACE (State or country)	or (employer)	Contributory Secondary	, more
which employed  9 BIRTHPLACE	or (employer)	Secondary (Signed)	(Durstion) yrs mos
which employed  9 BIRTHPLACE (State or countrell)  10 NAME OF FATHER  11 BIRTHPLAC OF FATHER Z (State or co	James J. Walsh	Secondary  (Signed)	(Durstion) — yrs. — mos. — lester Reland; 1931 (Address) 2532 Eduradon
which employed  9 BIRTHPLACE (State or count)  10 NAME OF FATHER  11 BIRTHPLACE	James J. Walsh  E untry) when	(Signed)	(Durstion) yrs mos mos mos mos mos mos mos mos mos mo
which employed  9 BIRTHPLACE (State or count)  10 NAME OF FATHER  11 BIRTHPLAC OF FATHER Z (State or co	James J. Walsh  E untry) when find.	Secondary  (Signed)	(Durstion)
which employed  9 BIRTHPLACE (State or countred)  10 NAME OF FATHER  11 BIRTHPLAC OF FATHER (State or countred)  12 MAIDEN NO OF MOTHER (State or Countred)  13 BIRTHPLAC OF MOTHER (State or Countred)  14 THE ABOVE IS	James J. Wolsh  Euntry)  AME  True TO THE BEST OF MY KNOWLE	(Signed)	(Durstion) yrs mos mos mos mos mos mos mos mos mos mo
which employed  9 BIRTHPLACE (State or countred)  10 NAME OF FATHER  11 BIRTHPLAC OF FATHER (State or countred)  12 MAIDEN NO OF MOTHER (State or Countred)  13 BIRTHPLAC OF MOTHER (State or Countred)	James J. Wolsh  E untry) when .  TRUE TO THE BEST OF MY KNOWLE  Ly Henry Wyders.	Secondary  (Signed)	(Durstion)

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, business, that fact may be indicated thus; Farmer (re-Housenwild, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material Stotionary fireman, etc. But in many

EAST COUNTY OF CAUSE OF DEATH—Name, first, the DISEAST COUNTY OF THE PRIMARY Affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid feer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid ," "Weakness," etc., when a definite disease or intercurrent) affection need not be Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart Measles ; discase;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

of certificate.

TION is very important. See instructions on back

19. UNDERTAKER

20. FILED Gung:

(Address)

OCCUPACTION

of OCCUPA.

V. S. No. 1

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STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0
County Balto.	Registration Dist. No. 44
Village or City. Middle River.	NOBULTINECK Road Ahave P. St., Ward death occurred in a horpital or institution, sive in NAME instead of street and number)  ds. How long in U.S. if of foreign blrth? 2 yrs
2. FULL NAME Antionette Weigand	
(a) Residence: No. Bull Neck Road Middle R. (Usual place of abode)	1ver Md. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow Sa. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of The Late Conrad Weigand	22. 1 HEREBY CERTIFY, That I attended dacassed from 28, 1931, to 2005 6, 193
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	Cerebral Hemorrhage 3-3-31
ID. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Dither Contributory Causes of importance:  Cutte Cuttero Celitic 7-28-31
置 13. NAME Unknown	
HE 13. NAME Unknown  14. BIRTHPLACE (city or town) Germany (State or country)	Name of operation Data of Was there an auropsy? Zeo
置 15. MAIDEN NAME UNKNOWN	23. If daath was due to external causas (ViOLENCE) fill in also tha following:
15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town) Germany  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Matilda A. Bourque Daughte (Address) Bull Neck Road Middle Riv  18. BURIAL, CREMATION, OR REMOVAL	(Specify city or lown, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Holy Redeemer Gem, Aug. 8/31	Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

24. Was disease or injury in any way related to occupation of deceased?

## UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Combad have and as	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR	LY, WH UNFADING INKTHIS IS A	mation should be carefully supplied. ACI:  CAUSE OF DEATH in plain terms so the
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WRITE PLA

V. S. No. 1

11		09277		
	PLACE OF DEATH	0333	STATE OF N	ARYLAND
	County Balto		CERTIFICATE	
			Registration D	21-
Vi	llage or City honfolo (No.		St.: Ward)	(If death occurred in
	2FULL NAME. Wells			a hospital or institu- tion, give its NAME ir- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
3 !	hale White Single, Married, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH	ang (Month)	/, 192 /
6	DATE OF BIRTH	17 I HEREBY		nded the deceased from
	ane 1 ,931	angel	1923 / . to	, 192,
	(Month) (Day) (Year)	that I last saw h	alive on	, 192,
7	AGE [If LESS than		red on the date stated	
	1 day hrs.	The CAUSE OF DEAT		
	yrsds. ormin.?	OTOP	0*************************************	••••••
W)	a) Trade, profession or	Stilleton	<u>~</u>	a a monto no no a numero no no consequente de la consequence della
	Particular kind of work	***************************************	***********************************	vwrose v 0 0 o c c o 6 vwc c c c o 6 o 6 o 0 o 0 o 0 0 0 0 0 0 0 0 0 0 0
E	usiness, or establishment in	***************************************	(Duration)	yrsds.
-	vhich employed or (employer)	Contributory		
9 1	(State or country)	Secondary		· · · · · · · · · · · · · · · · · · ·
-	10 NAME OF	0.0	(Duration)	yrsmosds.
	FATHER Im Harry hells	(Signed)	y orking	M. D.
S	11 BIRTHPLACE OF FATHER		(Address)	m Hall
ENT	(State or country)	State the Di Violent Causes, sta	sease Causing Death, ate (1) Means of Inju- or Homicidal.	or, in deaths from ary and (2) Whether
PARE	12 MAIDEN NAME OF MOTHER Managebrik Juhan		SIDENCE (For Hospita	als, Institutions, Trans-
70	13 BIRTHPLACE OF MOTHER	At place	In the	
	(State or Country)	of deathyrsm		yrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contr if not at place of dead	h}	***************************************
	(Informant) Harry wells	Former or usual residence		
	(Address) market	Lender of Burial	whit (	DATE OF BURIAL
15	File Oug ( et 1981 Mulus Dortug ho	20. UN DERTAKER	110 Aut	ADDRESS
=	If more branks are needed, address State Registrar	16 W Saratoga St. F	Balto Baruating V S	No. 1.
	M more blanks are needed, address ctate Negistrar	, 10 m. Daratuga Dt., L	Total to Hangaring A. D.	

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). without more precise specification as Day who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Congenital," "Senile," etc.), "Dropsy, Committee on Chronicetc. The contributory valvular heart disease; Nomenclature of the not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

UNFADING INK—THIS IS A PERMANENT sunplied. AGE should be stated EXACTLY. JARGIN RESERVED FOR BINDING N. B.-WRITE PLAINEY, WITH

of infor-

		STATE OF	MARY	YLAND-	CERTIFICATE OF DEATH 09278
1.	PLACE OF DE				
	County Bal				0
	Village or City	Overlea		(1	No. 6507 Beech Ave. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence i	n city or town where deat	h occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrs mos ds.
2		Laura V.			
	(a) Residence: No	.6507 Beec	h Ave.	of shode)	St., Ward.  If nonresident give city or town and State
er man	PERSONAL A	ND STATISTIC	The second second second		MEDICAL CERTIFICATE OF DEATH
3. S		blor or race 5.	SINGLE, MARI OR DIVORCED Widow	RIED, WIDOWED, O (write tha word) ed	21. DATE OF DEATH  August 26th (Month) (Fear)
5a.	ff married, widowed, or of HUSBAND of (or) WIFE of	divorcad James B. W	iley		22. HEREBY CERTIFY, That I attanded deceased fro
6. D	ATE OF BIRTH (month,	day, and year) May	6. 18	65	I list saw h & alive on and 2 , 193 (; death is sa
7. A		Months 3	Days 20	If LESS than I day,hrs.	to have occurred on the date stetad above, at
2	8. Trada, profession, o kind of work do	r particular			Wara as follows.  Date of onse
	SAWYER, BOOK	KEEPER, etc	t home	) '	Toxone'
3	work was done, SAW MILL, BAN	as SILK MILL, K, etc			
ğ	10. Dato deceased last this occupation ( year)	worked at month and	II. Total tie spen occu	ma (yaers) tin this pation	
12.	BIRTHPLACE (city or to (State or country)	wn) Marylar	ıd		Other Coatributory Causes of importance:
HER	13. NAME Conr	ad Kress			1 whorehow
FAT	14. BIRTHPLACE (city o (State or country		ny		Name of operation Date of Whet test confirmed diegnosis? O Was there an autopsy? U
HER	15. MAIDEN NAME	Unknow	ın	Pop a	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:
MOTH		r town) German	.y	~~>	Accident, suicide, or homicida? Dete of injury, 19
17. INFORMANT James A. Wiley					Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 6507 Beech Ave.  18. BURIAL CREMATION, OR REMOVAL					Mannar of Injury
Placa Baltimore Cem. Date Aug. 29, 19 31				29, 19 31	Natura of injury
19.	UNDERTAKER Fre (Address) 740	dericke Zan 1 Belajr B	oad	rlow	24. Wes disaase or injury in eny way ralated to occupation of daceased?
20.	FILED 8/28	0- 0	Fritz	M.D.	(Signad) Clard January M.  (Addrass) 47 D (Angles Road)
		If more bla	nks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

## UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEP 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
HUREAU V. S	. 3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH  County Batto	STATE OF MARYLAND CERTIFICATE OF DEATH
P	Registration Dist. No. 42
Village or City (No	St.: Ward)  St.: Ward)  Oilley  (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY That I attended the deceased from
$(\text{Mod}_b)$ $(\text{Day})$ $(\text{Year})$	
7 AGE   If LESS than   1 day hrs.   mos.   ds.   or   min.	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
bioccupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Balk Co Mud	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)
(Informant) Kilda Drilley  (Address) Fard  Filed Aug 27 1923 9 Kee for Revision	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Place of BURIAL  20 UNDERTAKER  Parents  DATE OF BURIAL  19 DORESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

work, or At Hame, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Physician, Campositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the "Exhaustion," "Heart Imme, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY Whooping cough; Chronic valvular heart disease; nephritis, etc. The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. classifi (If death occurred in St.: Ward) a hospital or institution, give its NAME ir stend of street and number.) rope PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) and that death occured on the date stated above, at 10 a. m. If LESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 0 (Address). 11 BIRTHPLACE Causing Peath, or, in deaths from CAUSE OF FATHER Discase RENT Violent Caus s, state (1) Means of Injury and (2) whether (State or country) Accidental, Suicidal or Homicidal. of Informatio 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Biospitals, Institutions, Trans-K OF MOTHER state CCUP/ ients or Recent Residents) 0 CCUI 13 BIRTHPLACE In the At place OF MOTHER 00 Where was disease contracted, if not at place of death?.. shoul Every Item CIANS sho statement usual residence...... If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed nature of the business or industry, and the freah additional line is provided for the latter statement in Spinner, should be used only when needed. As exam, ic:: sary to know the first line will be sufficient, e g. I ormer or Plantor, tion applies to each and on. fulness of various pursuits can be known. The quescapation is very important, so that the relative health tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (replayed, as At school, or At home. Care should be taken cases, especially in inch total employments, it is neces-Civil engineer. Statement of Occupation Precise statement of ocwhatever, write Nane. d linite salary), may be entered as Housewife, Hausehousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return 'Laborer.'" Foreman," "Manager," 'Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, (b) Cottan mill; (a) Salesman without more precise specification as Day Compositor, Architect. who are engaged in the duties of the (b) Automobile factory. The mu'erial Stolio ry firemen, it . in the hind of work and If the occupation has been changed Laborer-× person, irrespective of -Coal mine, etc. Locomotive not gainfully em-But in many Elso (b engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEAT I the price by affection with respect to time and causation, while always the same accepted ed term for the same direct. It amples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninitie"); Diphtheria avoid use of "Croup", Typhoid fever (never report "Typhoid Pneumonia"; "Lobar pneumonia. Bronchopneumonia ("Pneumonia";

10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," "Draws" as tracture of skull, and consequences (e.g., se, sw, telanus) may be stated under the head of "contributory". "PUERPERAL seplicaemia," "PUERPERAL perilanilis diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Laemorrhage" ("Inanition," "Marasmus," "Old Age," "Shock.") "Debility" causing death), 29 ds.; Branchopneumonia (secondar)), stited unless important. (secondary or intercurrent) affection need Whooping caugh; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Messles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely State cause for which surgical operation was underapproved (Recommendations on statement of cause of as fracture of skull, and consequences (e carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poiso ed by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOWICE American Medical Association.) .... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJU: Y by Committee on ("Congenital," "Senile," etc.), "Dropsy, ion," "Heart failure," "Haemorrhage Chronic univular heart disease; Example: Mcastes (dirense etc. The contributory The nature of the injury, Nomenclature Always qualify : Il not be

If this certificate is looked over thoroughly and all qv 'ions answered in detail, it will prevent further correspondence. he distrip essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

PLACE OF DEATH /	50 09281 STATE OF MARYLAND
County Malleleon	CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City (No.	St:Ward) (If death occurred in a hospital or institu-
2FULL NAME Source Slepu	as belle stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH QUEL , 1923
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE (Steam)	Company of the Compan
42 7 1 day hrs.	The state of the s
yrs. omos. ds. or min.?	Bour to a Diversion to
(a) Trade, profession or particular kind of work	The court of the court of
(b) General nature of industry business, or establishment in	SILL BOOD
which employed or (employer)	yrsds.
9 BIRTHPLACE (State or country)	Contributory Secondary  Ouration  Ou
10 NAME OF PATHER PROPERTY MARING	(Signed) Village M. D.
M 11 BIRTHPLACE	
OF FATHER (State or country)  12 MAIDEN NAME (The state of country)	*State the Disease Causing Death, or, in deaths 11 th Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Culle Onts	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF A	At place of deathyrsmosds. Stateyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
B A	Former or usual residence.
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Stallerens ents duy5, 19 31
Filed ang. 3 1981 John G. Connelly Registras	Minh. W. Ellist ashlunday
If more blanks are needed, addre-e State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineers Stationary freeman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Physician, For many occupations a single word or term on Compositor, Archifect, Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; ..... (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Never report mere symptoms or terminal condi or intercurrent) affection need not be Chronic valvular heart disease; and consequences (e. g., sepsis, Carcinoma, Sarcoma, etc., of etc. The contributory

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MARGIN RESERVED FOR BINDING

V. S. No. 1

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STATE OF MARYLAN	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(9282)
county Baltimore	Registration Dist. No.
Village or City Stemmers Run	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds.   How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME FRANK ZENGEL	
(a) Residence: No. Ridge Road (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male  4. COLOR OR RACE OR DIVORCED (write that we married) Married	
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Annie Zengel	22. SHEREBY CERTIFY That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Jan. 3. 1867	I last sawhum alive on all 9 , 1931; death is said
7. AGE Years Months Deys If LESS	
64 7 6 1 day, or or or	
8. Trade, profassion, or particuler kind of work done, as SPINNER.	Corebrae, Aclasania
kind of work done, as SPINNER. Laborer SAWYER, BOOKKEEPER, etc. Laborer 9. Industry or business in which	Thereat Heleloses
work was done, as SILK MILL,	
10. Date deceased last worked et this occupation (month and year)	
tz. BIRTHPLACE (city or town) Bavaria (State or country) Germany	Other Contributory Causes of importance:
	Soleon
13. NAME Henry Zengel  14. BIRTHPLACE (city or town)	Name of operation Date of
1 (State of country) O C1 Mexity	What test confirmed diagnosis?
15. MAIDEN NAME Catherine Hahn 16. BIRTHPLACE (city of town)- Germany	23. If daath was due to axternal causas (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town) - Germany	Accident, suicida, or homicide? Data of injury, 19  Whare did injury occur?
17. INFORMANT Annie Zengel (Address) Stemmers Run, Md.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMDVAL	Mannar of injury
Place St. Josephs Cem. Date Aug. 12,	1931 Nature of injury
19. UNDERTAKER Frederick Lander Land (Addrass) 7401 Belair Road.	24. Was disease or Injury in any way related to occupation of deceased?
30. FILED ang 11 , 193/ SA-2ng	(Signed) (Address) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

## UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	m pa
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1015	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SE 3 1631	1		
Other contributory causes of importance;	3.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(If death occurred in a hospital or institution, give its NAME it -

deaths from

State\_\_\_\_yrs.....mos....

ADDRESS

DATE OF BURIAL

In the

number.)

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 3 SEX 16 DATE MARRIED: OR DIVORCED That I attended the deceased (Month) (Day) 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry basiness, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE OO 10 NAME OF shoul E OF FATHER 11 BIRTHPLACE RENTS OF FATHER \*State the Lisease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. CAUST (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CODS ionts or Recent Residents) 13 BIRTHPLACE At place OF MOTHER (State or Country) ŏ should Where was disease contracted, Every item of CIANS should statement of 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea.h? usual residence (Informant) relate sury 19/PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER

If more banks are needed, addres tate Kegistrar, 16 W. Saretoga St., Balto., Requesting V. S. No. 1.

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